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U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

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Deprivation in Childhood: Its Relation to the Cycle of Poverty

BLANCHE D. COLL*

TO ASSERT that a child may be subject to deprivation is to recognize that he has certain rights. Something to which he is entitled has either been withheld or removed. Obviously, he has earned none of these rights. A child is above all else dependent.

The care of the young has not, of course, been formally enforced in all cultures, no more than there has been a universally accepted set of standards for such care. The rights of children have often been extremely limited, not necessarily because their natural caretakers were callous but often because the survival of the society itself depended, or appeared to its members to depend, upon the withholding of nurture from, for example, the physically handicapped or the infant.[1] Recognition of such facts about the behavior of the human race need neither shock the American of the 20th century nor induce complacency about his own society. It would, on the contrary, seem both humane and practical to reexamine the recognized rights of America's children in relation to the survival and progress of our society, to inquire to what extent children are being deprived of them, and to suggest some ways through which the victims may find redress.

Statements calling attention to implications of the highly technical, complex, and increasingly urban nature of present-day America have been accumulating for almost a decade. The economic and social consequences of these phenomena--a relatively high rate of unemployment among unskilled and blue-collar workers accompanied by a high rate of demand for certain types of service and professional personnel; poverty in the midst of affluence; burgeoning suburbs and rotting inner cities--these are among the contrasts receiving attention from scholars and publicists and just plain citizens who are at pains to advance the well-being of the nation. Out of numerous findings perhaps the most significant is the high degree of association between educational attainment and success--whether the latter be defined economically, socially, or culturally.[2]

The United States has been a world leader in offering education as a fundamental right to its children. Currently the nation is attempting to improve the quality of its educational institutions and to afford ways and means for greater numbers of its future citizens to attain higher levels of knowledge and skill.[3] At the same time, there is increasing awareness that the ability of a child to profit from his right to an education is inseparably related to his having accorded to him those other rights--physical, emotional, and cultural--to which he is also entitled.

THEORY OF INTELLIGENCE

Intelligence has generally been regarded as a very influential factor in a child's ability to learn. Intelligence has often been held, particularly by the layman, to be an inherited characteristic. A child adjudged "bright" or "dull-

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For references, see end of article.

normal," "normal," "genius," or "moron," as measured by standard intelligence tests, was deemed fortunate or unfortunate or possessed of average luck by virtue of the genetic stock which determined his intellectual capacities. The theory of "fixed intelligence" was advanced through the relatively new discipline of psychology, which, since it was composed of dedicated scientists, subjected the theory to many tests. In the course of later research, psychologists began to question and, subsequently, to reject altogether the theory of fixed intelligence. A fair, albeit simplified, summary of current "best" theory would run as follows: Genetic factors cannot be discounted as determinants of the ultimate level of intelligence. Rather, heredity acts to set boundaries, often quite wide, for the child's potential development. Within those boundaries the continuous interaction which takes place between the child and his environment plays the determining role.

According to the interaction theory of intelligence, a child's intellect grows as he "processes" messages sent to him. He responds to a new occurrence by utilizing a previously assimilated behavioral structure (schemata). Variations in the environment challenge the child to accommodate the schemata to the demands of the new situation. Modifications in behavior are in turn assimilated by the child as he copes with an infinite chain of new experiences. And, as a general rule, the greater the variety of stimuli to which the growing child is exposed, the more intelligent he becomes. New objects, new words, new sounds--introduced into the child's world at the time appropriate to his stage of development--are the foods which nourish intellectual growth. This is particularly true of the very young, so that what is presented or withheld from the child from infancy to school age is crucial to his later intellectual development.

The interaction theory of intelligence--in sharp contrast to the gloomy dead end implicit in the theory of fixed intelligence--offers a bright prospect for raising the level of educability. Sufficient research is now in so that there is good reason to expect that acting upon this theory will not only produce more geniuses but--perhaps more important--will also serve to increase the numbers of "bright" young people, the group generally regarded as college material, and, in addition, the average group which is capable of graduating from high school.[4]

Action upon this hopeful theory cannot, however, be relegated to the schools. In order to take advantage of the great opportunity offered them, America's children must enter the first grade physically fit, mentally healthy, and culturally "set" for learning. And this balance must be maintained for them until they have completed their education.

ECONOMIC DEPRIVATION

The majority of American children come from soundly constructed, relatively spacious homes where nutritious food combines with cleanliness to produce healthy bodies. In 1962 the median family income was close to $6,000; in 1959 the "typical" couple with two children had a median income of $6,206--some $3,000 above the so-called "poverty line." Although some poor managers are present in all income groups, the assumption can safely be made that the approximately 30 million children living in families with an income at or above the median are getting at least adequate physical care.[5]

But there are millions of other children about whom the assumption can just as safely be made that they are malnourished and poorly sheltered. Just how many millions one cites as physically deprived depends on the type of standard employed. If a family income of under $3,000 a year is used, the number adds up to 10,800,000, or 16 percent of the child population.

A more realistic and sophisticated analysis raises the number of physically deprived children to 15 million--more than one-fifth. The base point for this analysis is the $4.60 a week per person "economy" food plan developed by the

Department of Agriculture as a crisis budget, a plan that families can resort to for a few weeks in case of emergency. Using the generally accepted one-third allocation of income to purchase of food, families were designated poor if their total income fell below three times this economy budget. When the Department of Agriculture's "low-cost" food plan which allows $5.90 per person per week (the budget normally employed as a starting point by public welfare agencies) is employed as a base for counting, the result is 22 million poor children.[6] If we face up squarely to the 22 million figure we are bound to admit that little or no progress has been made during the last 30 years: one-third of our nation's children are living very close to, if not actually at, the poverty level. Referring to the more conservative estimate of 15 million poverty stricken children, the author of this analysis concludes that "everyday living implied choosing between an adequate diet of the most economical sort and some other necessity because there was not money enough to have both."[7]

Being forced to choose between one necessity and another is alien to current American society. A substantial portion of Americans are so well off that their choices are made between one luxury or another--whether to invest in color TV or to buy a pleasure boat.[8] Often, to be sure, the less affluent consumer chooses to cut down on some necessity in order to treat himself to a luxury. The prevalence of TV sets notwithstanding, it is only the poor who must sacrifice healthful living quarters to healthful food; bus fare to visit the medical clinic to electricity to operate their only recreation, and so on in a vicious circle of choice between necessities.[9]

Malnutrition can result from either quantitative (caloric) or qualitative (nutritive) deficiencies or a combination of both. Although carbohydrates will not only add calories but energy quickly and relatively cheaply, filling up on bread--however "enriched"--will not make up qualitatively for a lack of the more expensive protein-rich foods.

The statistical probabilities of insufficient protein and other qualitative deficiencies in the diets of the children of the poor have been reinforced by a few scattered studies.[10] Teachers in a New York school reported that a number of their pupils arrived "without any breakfast or with only black coffee and perhaps a piece of bread," and went on to note that "many would doze off, look fatigued, and sometimes suck their thumbs until the morning milk and cookie break, after which they would stay awake and the thumb-sucking would decrease or stop."[11] Such observations dramatize what is already common knowledge: it is difficult to think on an empty stomach. They serve, in addition, to humanize the statistics.

ILLNESS

Days lost from school can have a telling effect upon a child's progress. Estimates based on the National Health Survey and analyzed by the Children's Bureau show that in the year ending June 1961, children between the ages of 6 and 16 were absent from school because of acute illnesses (chiefly respiratory) at a rate of 407.8 days per 100 children, or 4 days per child. Injuries leading to absence from school averaged a loss of 3.9 days per child. A total of 33 million days were lost due to chronic illness--3 days for each child known to have at least one chronic condition.[12]

Figures from the Survey, if taken at face value, might suggest that physical disorders are less frequent among the poor. Children under age 17 living in families with an annual income of $4,000 or less are reported on the basis of household interviews as suffering from chronic conditions at the rate of 207.2 conditions per thousand children; those in families falling within the $4,000-$6,999 range, a rate of 222.6; and those with incomes of $7,000 and over, a rate of 261.4. Among these chronic conditions, hay fever, asthma, and other allergies made up only 20.2 percent of the reported chronic conditions of children in the income group

with less than $2,000 in contrast to 40.1 percent in the $7,000 and over group. On the other hand, the more easily recognizable and more serious types of chronic illness, including paralysis and orthopedic impairments, accounted for 13.8 percent of reported chronic conditions for the lowest income group as compared with 9.7 for those at the top of the income scale. Even more striking are the differences between the poor and the rich when it comes to visual and hearing impairments or speech defects. Such handicaps accounted for 12.4 percent of the chronic conditions reported for the $2,000 group, but only 6.4 percent of such conditions in the group with an income of $7,000 and over. The Children's Bureau has suggested that clinical examination would detect higher rates of chronic respiratory conditions among the poor, and thus change the total picture.[13] In fact, results of screening programs conducted in schools show that such conditions are more prevalent among poor than rich children.

Data indicate that poor children receive less medical attention than those whose families are better off financially and that this is so even among those known to have a chronic ailment. Among children in families with income of less than $4,000 a year, 56.2 percent of their chronic conditions had received medical attention (varying anywhere from a mention of the condition to a doctor to treatment) within the year preceding the interview, compared with 64.5 percent in the higher income group. In the lower income group, 15.5 percent of the chronic conditions had at no time received any medical attention, almost twice the proportion in the higher income group (8.0 percent).[14]

Children in low-income groups are less often hospitalized than those from families who are better off, but the poorer children tend to remain in the hospital longer. Dental care appears startlingly deficient--over half of the children under 15 have never been to a dentist. But it is the lower income groups which weight this figure (table 1).[15]

For those receiving aid to families with dependent children, who are among the poorest of the poor, data collected in 1960 suggest that preventive health measures--particularly well-child examinations, dental care, and polio immunization--are inadequate.[16]

Table 1. Percentage of children aged 5-14 who have never been to a dentist, by annual family income

Annual family income	Percent
Under $2,000	59.5
$2,000 - $3,999	39.6
$4,000 - $6,999	21.1
Over $7,000	9.7
All families	27.6

Source: Ref. 12, p. 38.

It is worth pondering how many poor children are sent to school sick or half-sick either because the illness is not recognized, or because, perhaps, the mother decides they are better off in school where they will get the free lunch and milk and cookies that supposedly substitute for a decent breakfast. One might wonder, too, whether such days are not indeed "lost" days in school.

The general milieu in which children grow up is, of course, a major part of the environment which is now accepted as having a significant effect upon learning. Some slum children do manage to make normal or even above-average progress in school, but the vast majority do not. Crowded and substandard housing is an important part of the total complex contributing to failure in school.[17]

EMOTIONAL DEPRIVATION

All knowledgeable persons would at present affirm that mental health is just as vital as physical well-being in assuring the individual's ability to function in society. That there has been far less provision for adequate care and, particularly, prevention of mental illness than in

the treatment and prevention of physical illness cannot be gainsaid. A recent study has called attention also to the woeful lack of mental hygiene clinics and other resources available to the poor.[18]

Basing their conclusions largely on clinical observation, psychiatrists and social workers appear to be in general agreement as to the importance of the emotional relationship between the child and his parents, particularly in the early years. The concern here, however, is not with the fostering of mental health as related to the overall adjustment of the individual but rather with the possible effects of emotional deprivation upon the child's I.Q.

Although a great deal of debate is occurring around this question, it is largely in the nature of how much emotional deprivation can be tolerated before depressing the I.Q. (and this would vary from child to child) and whether or to what extent the damage can be reversed. The answer to the primary question: "Can emotional deprivation affect intelligence adversely?" is "Yes." It is extremely important to review and apply the results of studies being made to refine this general answer, for no matter how great the efforts to prevent its occurrence, some incidence of emotional deprivation is inevitable. Meanwhile, the actions of those responsible for the care of children must be based upon knowledge that emotional starvation may depress intellectual functioning and that this depression of the I.Q. might persist despite valiant remedial efforts.[19]

In Western culture the child's "normal family unit" is that of at least mother and father, with the mother supplying the primary needs, both physical and emotional, in the very early years. The perfect family has yet to be found and emotional starvation reaches into places that malnutrition does not. Nevertheless, the general run of natural parents in all classes of society try and by and large succeed in doing the best that they can for their children:

> "The services which mothers and fathers habitually render their children are so taken for granted that their magnitude is forgotten. In no other relationship do human beings place themselves so unreservedly and so continuously at the disposal of others. . . . It must never be forgotten that even the bad parent who neglects her child is nonetheless providing much for him. Except in the worse cases, she is giving him food and shelter, comforting him in distress, teaching him simple skills, and above all is providing him with that continuity of human care on which his sense of security rests."[20]

The young child separated from the normal family setting (and particularly the care of his mother) automatically finds himself in a situation beset with danger not only to the development of his personality but also to his intellect. At the worst, he may be placed in a sterile institution; at best he may be legally adopted by parents to whom he really "belongs." In between there are various arrangements under which he may or may not thrive--an institution which can provide mothering by one individual; foster parents who will see him through his normal (or perhaps abnormal) behavior problems as if he were their own child; a shifting from one set of foster parents to another.[21]

Although children deprived of the natural home constitute a small percentage of the childhood population, 271,600 is still a large number of children living in a situation of high risk (table 2). Of

Table 2. Estimated number of children in foster family care and in institutions for dependent and neglected children, by auspices of agency, March 31, 1964

Type of care	Total	Public agencies	Voluntary agencies
Total children	271,600	162,200	109,400
Foster family care	194,300	151,300	43,000
Institutions for dependent and neglected children	77,300	10,900	66,400

Source: Children's Bureau.

particular concern is the relatively large number of such children who are in poorly equipped and inadequately staffed institutions or who are subjected to frequent change of foster parents. Furthermore, there is no estimate of the number of individual children who have been in foster care during some period in their childhood and have thus undergone short-or long-term separation from their natural parents.

CULTURAL DEPRIVATION

The third category of deprivation which has emerged as a major factor in school failures is cultural in nature. The children of the poor are ill-prepared to assimilate the lessons which educators have geared to the child from the middle-class home. The child from the poor home enters school with a restricted--not to say ungrammatical--language. His teacher employs an elaborate vocabulary and attempts to correct what the child has already learned.[22] One of the foremost observers of such children finds them "inferior" as to "auditory discrimination, visual discrimination, judgment concerning time, number and other basic concepts." This cultural lag, he asserts, is traceable to "inferior habits of learning and seeing and thinking."[23] If one looks hard enough, it can be conceded that the slum child possesses certain "strengths," for example, fewer competitive feelings, less parental overprotection, and a certain type of independence as compared with children from middle class homes.[24] Yet it is highly questionable that the culturally deprived children clustered in our big cities possess positive qualities which would enable them to compete favorably with the children of middle-class families, particularly so far as preparation for schooling is concerned. On tests of spatial perception, vocabulary, and arithmetic, as a group, they are well behind.[25]

Of stimulation in the lower-class home there is no lack. If anything, the child may be overstimulated. His environment--at home and on the streets--is crowded, noisy, and above all monotonous and narrow. The stimulation is noted for quantity; deficient in quality. A tabloid newspaper, a few comic books, the blaring TV can scarcely be counted substitutes for the better magazines, the dictionaries, the books, and children's encyclopedias which are standard equipment in the middle-class home. Perhaps most important is the pervasiveness of anti-intellectualism. The middle classes tend to value learning for its own sake. The lower classes are much more likely to put a price tag upon it and, therefore, to view much that is taught in the schools as impractical.[26] Some evidence has been put forward recently that middle-class families are beginning to rear their children for success in our increasingly bureaucratic society--that is toward conformity--rather than for expression of individuality appropriate to an entrepreneurial setting. Such child-rearing methods would be more like those associated with lower socioeconomic groups.[27] Nevertheless, it is probably accurate to assert that most middle-class children are still being "taught that life is a series of hurdles to be jumped" while the poor are given to understand that life consists of a "series of difficult situations which should be avoided if possible." After noting these contrasts in attitudes, two investigators make the telling point that "avoiding the difficult is incompatible with learning."[28]

As to the number of children who are culturally deprived, only an educated guess is possible. It is undoubtedly very close to the 15 million poor children, and thus probably between 15-20 percent of the child population.[29] This would be true not simply because their parents could not afford to buy books and educational toys but also because their parents had little education themselves. For one group of the very poor--families receiving aid to families with dependent children (AFDC)--there is excellent statistical evidence of low educational attainment. According to a survey completed in 1961, only 16 percent of AFDC mothers were high school graduates; 14 percent had less than 5 years of schooling; 34

percent, less than 8 years; and 53 percent, not more than 8 years.

And what of the children? They were, as a group, progressing farther in school than had their mothers. The median grade attainment of 17-year-olds was 11.4 as compared with 8.8 years for mothers. In fact, over 85 percent of these children had some high school education and 23 percent were high school graduates. But when compared with the general child population, AFDC children are retarded, both as to ultimate educational attainment and grade placement. Beginning at about age 10 (grade 4) AFDC children begin to fall behind, and the gap widens until at age 16-17, almost 35 percent of AFDC children are retarded in grade as compared with 15 percent of all children.[30]

RESEARCH BY WELFARE ADMINISTRATION

The Welfare Administration is deeply concerned at evidence that the right of every American child to an education is being subtly denied to millions of future citizens. Through programs which encourage action upon the best knowledge available, and through research which will refine, supplement, and enlarge this knowledge in order to improve such programs, the Welfare Administration strives to prevent and eliminate, where possible, and to counteract, where necessary, physical, emotional, and cultural deprivation in childhood.

The Public Welfare Amendments of 1962 and the Maternal and Child Health Amendments of 1963 afford various opportunities to combat such deprivation.[31] Furthermore, staffs of the Bureau of Family Services and the Children's Bureau possess essential knowledge and experience acquired through many years of administering programs evolving from earlier legislation. Because the new legislation in fact builds upon the old, in the States also there is a tradition of child welfare services and aid to dependent children. At all levels of government--local, State, and Federal--there has been in the past and will continue to be a requirement for cooperation and coordination with other professions--particularly medicine and education.

Mobilization of social services follows much the same pattern as that of an army: the greater the degree of preparedness, the faster the forces enter the field. It is for this reason that the poorer States which have in general less well-developed social services tend to lag behind the wealthier ones having ongoing programs on which to build.[32] It is in these States also that AFDC benefits--low as they are throughout the country--are grossly inadequate.[33] The Welfare Administration is working closely with the States in the hope that those which have not yet done so will take full advantage of Federal matching funds.

Carefully designed studies will make full use of statistical techniques and will, in addition, apply social science theory to empirical accumulation of facts to discover--not just how many, but more precisely how best to furnish preventive and rehabilitative services. To this end, the Children's Bureau, the Bureau of Family Services, the Office of Juvenile Delinquency and Youth Development, and the Division of Research, Office of the Commissioner of Welfare, are investigating various aspects of deprivation in childhood. Some of these studies focus on one element; others measure several.

Because, as a matter of record, the incidence of delinquency is highest among youth living in poverty, the Office of Juvenile Delinquency and Youth Development has concentrated its rehabilitative and preventive demonstration projects in urban slums and areas of rural poverty. As a result of the preventive emphasis of this program, numerous projects have been initiated in the fields of education, youth employment, services to families, neighborhood citizen participation, and group services. Neighborhood and multiservice centers have made such services more accessible to the poor, while the types of services offered have been closely geared to the specific needs manifested by the indigenous population.

A comparison between the diets of public assistance recipients and those of other groups will be forthcoming as the

result of questions devised by the Bureau of Family Services for inclusion in a survey of food consumption to be conducted by the Department of Agriculture on a quarterly basis beginning in April 1965.

Employing a sample of families falling within the purview of AFDC, the Bureau of Family Services is launching a study which will inquire into: (1) housing, for example, space per person, furnishings, cooking facilities, and general sanitary conditions; (2) clothing--shoes, winter coat; (3) food--milk consumption and whether or not children in school receive free lunches; (4) health--visits to doctors and dentists, hospitalization, possible handicaps or chronic diseases; (5) school--progress of children and educational aspirations; (6) community relationships--church affiliation and attendance, use of recreational facilities, libraries, etc.

The Division of Research, Office of the Commissioner of Welfare, will utilize somewhat different methods of sampling and analysis in studying 150 applicants rejected and 150 accepted for AFDC. These individuals will be interviewed three times at 3- and 4-month intervals in order to gather data as to family size and stability; physical health; educational performance of children; incidence of delinquency and crime; use of community facilities; residential stability; morale; attitudinal orientations; movement toward self-reliance; employment patterns; budgeting problems; nutritional standards; housing needs; and child-rearing patterns.

Concurrent with research conducted by staff of the Welfare Administration is that being carried on by social scientists with the aid of grants through the Division of Research, Office of the Commissioner, and the Children's Bureau. Because the grants programs have been in existence for such a short time and because any research worthy of the name tends to be time-consuming, it is impossible to do more than indicate the main foci and to suggest implications. The Cooperative Research and Demonstration Grants Program has sponsored studies of family functioning, characteristics of school dropouts, and comparisons of various methods of helping boys from fatherless families.

Most of the projects aided by the Children's Bureau in the area of deprivation in childhood center around means to meet emotional and/or cultural needs. The director of one such project notes the sizable concentrations of neglected and dependent children in the larger cities--most of whom come from minority groups--who begin life by staying overlong in the hospital where they are born, are moved into a series of shelter-type institutions, and then are shifted from one foster home to another. He would examine the pattern of child welfare in New York City from a historical as well as a current perspective in an attempt to determine if what has been developed with other types of child populations in mind is applicable to the present situation, and, if not, to suggest changes in services provided both to children who must be cared for away from their parents as well as those who can remain in their own homes.

In another study, an attempt will be made to learn what happened within the family in the 12-month period preceding placement of a child in foster care. Such a study should provide clues to the types of services which might have obviated separation of the child from his natural family.

In an effort to arrive at recommendations for planning for the provision of necessary foster care, the Child Welfare League of America will, with the aid of a grant from the Children's Bureau, undertake an incidence study of cases in several communities which offer superior, inferior, or average child welfare services.

Although the vast majority of the 15 million poor children have the built-in emotional stability derived from living at home with their own families, many of them need care during the day. The numbers of women at work, mothers at work, and mothers of very young children at work, have been increasing, and so has the use of, and the need for, day care.[34] The Children's Bureau has been at some

pains to reiterate that day care means what it says, namely, adequate adult supervision of children during the period the responsible parent is away from home. The "latch-key children" who return from school to an empty home are without such care. Preschoolers who are turned over to some neighbor anxious for little more than the small amount of money the working mother can afford to pay often receive only the most rudimentary supervision. One aspect of the expected expansion of day care facilities is concerned with the development of standards for licensing and supervision of family day care homes.

But what has captured the attention of a greater number of investigators--by no means confined to those awarded grants by the Welfare Administration--is the extremely imaginative idea of compensating for the developmental lag manifested by deprived children through "enrichment" provided in preschool or day care centers. Several such day care projects are being underwritten by the Children's Bureau. One will test the value of a conventional nursery school for upgrading the ability to succeed in school. Another will furnish specific sensory and cognitive stimulation. A third will attempt to improve the capacity of culturally deprived parents to perform their normal roles as teachers of the very young child.

In the course of collecting statistics, designing research projects, and outlining policies and programs to prevent and alleviate the damage caused by deprivation in childhood, it is inevitable that problems are regarded in a separate, and thus artificial way. But the individual personality cannot be thus divided. The fundamental rights of the American child are indeed all of one piece. The Welfare Administration is convinced that the preservation and advancement of American society depends upon granting each child his birthright.

As tomorrow's adults, today's children must assume tomorrow's responsibilities--as wage earners, as parents, as active participants in community life. To possess an education commensurate to his talents is to the individual a precious treasure. Yet such treasure can no longer be counted a luxury. Rather, education is a prerequisite for obtaining a well-paying job or entering a profession. To see to it, then, that America's children are assured of a decent standard of physical care, emotional satisfaction, and cultural stimulation in the home is to go a long way toward reducing the economic and social costs of dependency, disease, delinquency, and crime, and, in short, to put a stop to a shameful waste of human resources.

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Evaluation of Staff Training Programs

CAROL H. WEISS*

STAFF TRAINING PROGRAMS in social service agencies are required to prepare great numbers of workers to meet unprecedented demands for service. With the pressure of training commitments, training staff often devote little attention to evaluation of their efforts. Training itself is difficult enough, with limited budgets and staff, they feel, without the burdens of evaluative probing and testing. Yet evaluation can be a useful ally. It can provide information to help make training programs yield the greatest return in terms of worker knowledge and competence.

Evaluative research can provide relatively objective answers on the extent to which a training program produces changes in the trainees' knowledge, attitudes and work orientation, and willingness to put what they have learned into practice. It can appraise the extent to which training leads to changes in the trainees' performance on the job and to shifts in organizational functions and relationships, and it can assess the extent to which changes ensue in the agency's attainment of its overall goals.

Evaluation is not quick and simple, however--it takes forethought and planning, time, talent, money, and administrative support. With the present state of the art, it rarely produces the final and definitive answer. Nevertheless evaluation remains the source of better answers about training and its effects than we are likely to get in any other way.

Rather than attempt to cover the whole field of training evaluation, three aspects that seem particularly critical are examined here:

1. The purposes for evaluating a training program and the uses to which the results are put, and how these affect the method of the evaluation.
2. The relationships between evaluator and trainer.
3. The measures of success that are chosen.

PURPOSES FOR EVALUATING TRAINING

Administrators approach evaluation with various purposes in mind. One administrator may decide to evaluate a training program because research is in style or because evaluation is required under the terms of the grant program funding the training. He has little interest in obtaining results that he can use in developing his program. In such a case, there is likely to be only the illusion of evaluation.

Elsewhere a director of staff development may want to evaluate in order to prove the merit of his operation and justify the expansion of his program, staff, and budget. This approach frequently, although not inevitably, leads to a ritualistic evaluation, with the focus on easily proved, surface successes.

Another training staff may sponsor an

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evaluation to find out which training methods and techniques are the most efficient. They may be interested in comparing lectures, films, programed instruction, small group discussions, etc., in terms of their contribution to training. This evaluation will be limited by the orientation to specific techniques.

In a fourth agency, the trainers may want an evaluation to provide immediate feedback to help in their day-to-day improvement of the training program. They are thinking of minor alterations--changes in seating and room arrangements, in length of sessions and scheduling, in methods of presentation, in the size of the group trained, or in the "mix" of trainees from different departments and different hierarchical levels. An evaluation governed by these short-term objectives is not adequate for gauging the long-run effects of the training. It generally relies on current opinions of trainees and trainers and possibly on some speculations of the evaluator.

The traditionally accepted purpose for evaluation is to gauge objectively the extent to which the training program is meeting the goals for which it was established. Whether the impulse to evaluate is friendly or hostile, the focus is on the search for fair answers.

Unfortunately, training objectives are likely to be stated fuzzily, if at all, and to glitter with untestable abstractions. They may range from teaching new workers the mechanics of filling out forms, to training workers in casework skills, to imparting understanding of the philosophy underlying service to the needy. Nevertheless, staff development has definite behavioral objectives. Staff training is intended to improve the worker's performance. With the help of the evaluator, intended changes in knowledge, attitudes, and performance can be identified and specific indicators of change can be developed. This classic goal of evaluation can lead to wide-ranging conclusions on the strengths and weaknesses of the training program in meeting its stated objectives. If put to use, conclusions from such a study could lead to revision of the entire training program.

In a sixth case, the goal of evaluation may go beyond the administratively determined objectives for the training program. The intent is to find out how well the training contributes to the social aims of the agency. Other standards besides those of the training program are being brought in by the evaluators. For example, an agency's staff development program may be designed to train its workers in certain casework skills. Traditional evaluation shows that it succeeds; the workers become good caseworkers. But with the given setting, program, clientele, and aims of the agency, these casework skills turn out to be inappropriate or irrelevant. The ultimate social aims are not met. It is like a tribe doing a superlative job training its shamans in the intricate rituals of rainmaking. They perform faultlessly and the trainers are satisfied, but the evaluator brings in a further question: Does it rain? To embark on an evaluation of this type indicates a willingness to question traditional assumptions. If the evaluation shows negative results, the agency will have to consider the revision of its training goals and changes in habits of thought and work.

Finally, evaluation is sometimes done for a more theoretical purpose--to assess the effectiveness of a type of training, to generalize beyond the conditions of the particular training program, the agency, or trainee population, to make a contribution to the field and possibly to theory. An example of the type of question raised would be: Can indigenous nonprofessionals be trained to perform adequately as aides in specified fields? This orientation to evaluation may not be found among agency administrators or staff trainers, but it may be prevalent among researchers involved in evaluation. Although, to the practitioner, this purpose may seem to lead the evaluation far afield from the event at hand, such efforts are important to development of knowledge that is cumulative and transferable.

These purposes for which evaluation are done illustrate rather than exhaust the possible differences in outlook. That

they have important consequences for the kind of evaluation that is done and the kind of conclusions that emerge is obvious. It is essential that the purposes be identified and their possible effects be faced up to as soon as the idea of making an evaluation begins to emerge. Staff in different levels of an organization may have different purposes and expectations for the evaluation. If these differences are glossed over, instead of brought out into the open so that an understanding can be reached on purpose and utilization, the evaluation will suffer. Helen Witmer said this very well:

> "What is to be achieved by undertaking this study? What do those who want the study hope to achieve? What usefulness may the findings have? The fact that questions such as these are seldom squarely faced and answered is what accounts, in considerable part, both for the dissatisfaction of many consumers of research, including program administrators, with the findings of studies and also for the rather muddled character of many studies themselves."[1]

RELATIONSHIP BETWEEN EVALUATOR AND TRAINER

Another factor that has considerable impact on the kind and the quality of the evaluation is the relationship between trainer and evaluator. That the evaluation researcher should be brought in at the first hint of evaluation is by now an axiom, at least among researchers. Elizabeth Herzog has said that bringing the researcher in on the ground floor is not soon enough. He must be in there to help dig the ground and lay the foundation.[2]

The primary reason for early collaboration is the need to bring together the trainer's mastery of content with the researcher's skill in breaking down generalities into operational, measurable components and in pursuing their implications. As indicated above, one of the first cooperative tasks is to establish the explicit purposes underlying the evaluation and the uses to which results will be put. This formulation sets the basic orientation for the evaluation.

Next the team must set forth the specific changes that the training is meant to accomplish. This specification of goals is probably the most critical step in the evaluation. Administrators, trainers, and evaluators must work out a statement of the desired outcomes in behavioral terms so that a set of indicators can be developed to show the extent to which these goals are reached.

For example, trainers may say that one of their goals is to increase the trainees' knowledge of urban sociology. When prodded, they may develop this into "increased understanding of the welfare client and his world." The evaluator must translate this statement into something that can be observed and measured. As a first approximation, he suggests that this understanding might be evidenced by closer agreement between the worker and his clients on the priorities among the clients' needs, and that in effect the goal is to increase consistency of viewpoint between worker and client as to diagnoses and prescriptions. The trainer disagrees. So the discussion goes on until the goals of training are operationally and behaviorally defined to mutual satisfaction.

Collaboration with the evaluators often yields unexpected dividends to the trainers. The specification of training goals can sharpen their concepts and enable them to view their curriculum afresh and key it more directly to the goals expressed. In the cooperative relationship the evaluator is also sensitized to the process of training and the varied and subtle manifestations of achievement in training.

But peace and harmony should not be

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[1] Witmer, Helen L.: "A Brief Guide to the Evaluation of Measures for the Prevention of Juvenile Delinquency," International Review of Criminal Policy, No. 21, summer 1963.

[2] Herzog, Elizabeth: Some Guide Lines for Evaluative Research. Children's Bureau, 1959.

expected between action and research. It seems almost inevitable that tensions will develop in the course of evaluation. For example, the trainer may want to train everybody, while the researcher wants to assign half the workers to a control group that receives no training. The trainer may want to start the training program with an inspirational message that brightens the eye while the researcher wants to administer questionnaires first, before the "contamination" of the trainer's message.

Administrators must be aware of the kinds of issues that will come up, particularly the interruptions for data gathering that often provoke trainers and trainees alike. An evaluation will require continuous support from the agency. On the other hand, evaluators must exercise restraint. They are sometimes carried away with the urge to find out everything at once and fail to restrict the scope of data collection to the specific purposes of the evaluation.

Equality of status in the organization for trainer and evaluator appears to contribute to the effective conduct of evaluation.

If the trainer himself is a skilled evaluator, many of the problems in the planning stage of the evaluation will be eased. But for the coding and analysis of the data, it is preferable to call in someone else to do the work. It is difficult for a trainer to avoid all bias and even harder to avoid the suspicion of it.

There are times when it is wise to have an outside group, such as a university, perform the evaluation. The university is likely to have the skills, and, as outsiders, they can avoid bias and the tendency to "protect" the agency. They can more readily go beyond the agency's limited views to look at broader implications. On the other hand, because they lack close inside knowledge, outsiders may miss some key and subtle processes that are operating. Their information is heavily dependent on what they are told. Occasionally, too, their interests in theory-testing, in publication, and in the academic reward system bend the evaluation away from the agency's needs.

Whether evaluators are on the staff of the agency, a university, or a council of social agencies, or are private consultants, the need to involve them with the training staff from the outset is incontrovertible. This relationship is important not only for obtaining a valid evaluation, as discussed earlier, but also for assuring utilization of results. Should results point to the need for change, uninvolved trainers--and administrators--are likely to be unsympathetic. Trainers and administrators who have gone through the evaluation process side by side with their research colleagues will be committed to utilizing the results so strenuously acquired.

MEASURES OF SUCCESS

A third component of evaluation that has significant effect on the kind of evaluation that is produced is the choice of criteria for success. How will we know if we have an effective training program? What do we measure?

Not so long ago, the usual indicators of the effectiveness of a training program were the opinions of the trainees. They were asked which sessions they liked, which they got the most from, how satisfied they were with training, etc. Of course, there are definite values in asking for trainee reactions. In some areas the trainees' opinions are the true criterion (Are the assignments clear?), and in others, the trainees' satisfaction may be an intervening variable. But a training program is designed to accomplish a specific purpose, and the trainees are not likely to be qualified judges of whether that purpose has been achieved. They may have hazy or unrealistic expectations of the training, and they may like or dislike it for reasons unrelated to the program's intent.

In an evaluation recently completed on the Domestic Peace Corps in Harlem, we had some confirmation of this observation. The trainees' satisfaction with the training was not significantly related

to any of the measures of training effectiveness that were used--not to change in attitudes, not to change in knowledge, not to any of the measures of job performance. What the trainees had to say about the training had limited usefulness.

Let us consider five other kinds of measures that could be used. Most require before-and-after measurement and control groups where possible.

1. Changes in trainee's knowledge. Training programs usually aim to impart information, concepts, and theories. Pre- and post-training tests can tap this dimension. Did the trainees hear and understand and remember what was said?

2. Changes in attitudes. Where the training attempts to influence attitudes and values, for example, away from authoritarian leadership or toward tolerance of minority viewpoints, measures of attitude are useful. Standardized psychological tests are available in this area, with good reliability and comparative data from other groups. These tests answer the question of whether the trainee, beyond parroting what was said, has changed his ways of looking at specific topics after exposure to the training.

Measurement of changes in attitudes is particularly important when the training aims to change the way the worker perceives his role and function in the agency and his orientation to practice. Preferably, such testing should be done with control groups for comparison. The question can then be posed, How far did job-relevant perceptions and attitudes undergo change in trained and untrained workers?

3. Predisposition to practice. This measure concerns trainees' perceptions of the legitimacy and usefulness of the new learning. Measures 1 and 2 show to what extent the trainees understand and remember the training content and to what extent they have changed in certain attitudes and functional orientations. But do they see the training content as being appropriate and useful in their work? For example, while a probation officer may learn about and accept, in theory, a therapeutic rather than a control approach to juvenile probationers, does he see this as a proper role for a probation agency? Is it a useful approach to take in his particular job? Does he believe that his superiors and colleagues agree with it?[3]

Furthermore, does the trainee intend to put his learning into practice? Does he see ways of applying it? Does he think that he can make the transfer to the job? When and how?

Of course, whether the trainee will actually apply what he has learned depends heavily on factors outside the training and outside himself. The structure of the job--such as an assignment to desk work or an extra heavy caseload or a multiplication of forms and paperwork tasks--may make application impossible. His supervisor may veto the training-inspired innovations. His colleagues may ridicule them. The system of rewards and sanctions in the agency may militate against the practice of new learning. But we are assuming that a major function of staff training is to affect practice. If trainees want to apply their training and are prevented by supervisory or staff actions, by divergent client expectations, by structural blocks in the organization, or other barriers, this is important to know. It should lead to investigation of the appropriateness of the curriculum to existing agency conditions.

Accordingly, a further measure would be:

4. Changes in job performance. To what extent have trainees introduced the new or improved practices into their own work? For example: Have there been changes in the frequency of referral of clients to other health and welfare agencies? Has there been an increase in family counseling, compared with individual counseling? Obviously, where desired changes in practice relate more to increased insight and improved style than to changes in function, measurement will be especially difficult. Ratings by supervisors are sometimes used, although such

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[3]Herman Piven at New York University has done interesting work on questions like these.

ratings can reveal more about the supervisor than about the workers. Ideally ratings should be "blind," with the rater unaware of whether the subject was in the training or the control group. Unfortunately this is often impossible to contrive. Other measures of work performance are reports by colleagues, the worker himself, observers, and clients. (One current study is asking clients before and after training what the worker does and how satisfied they are with it.) Considerable effort must go into specifying the characteristics of performance to be reported and insuring uniformity of interpretation. The more the evaluation can deal with specific acts that demonstrate desirable practice, the better the data are likely to be.

The ultimate value of the training program lies, of course, in the effect on the client. Measurement of this effect will not be necessary in many (probably most) instances, where experience has proved the worth of the particular training given. But in innovative, experimental training programs, it will be well to go on to stage 5.

5. Effect on clients. Are there differences in client outcome between trained and untrained workers? Do the beneficiaries of services of trained workers evidence higher aspirations, greater optimism about their future, higher school achievement, less delinquency, fewer periods of hospitalization or institutional commitment, or whatever the program goal may be? Of course, the farther away these goals are from the training in time and in intervening contacts, the harder it is to attribute differential client outcomes to the training program. If evaluation should follow the data gathering process outlined here and discover at stage 1 that the trainees did not grasp the concepts and information of the curriculum, or at stage 4 that they did not put them into practice, then it is useless to talk of the training causing any change.

If, however, the evaluators have built a model of successive inputs and relationships, and if they can show differential learning, differential job performance, and differential client outcome, they are coming closer to an evaluation of the content of the curriculum. They can determine whether those who were trained know more of what was taught, whether those who know more perform better (that is, more in line with agency prescriptions), and whether those who perform in the prescribed way have more success with clients. No longer is the evaluation only of the training methods and techniques and the extent to which they succeed in transmitting messages. The evaluation in this case extends to the messages themselves and their social utility in agency practice.

The evaluation is thus, in essence, a three-part analysis. One, did the trainees learn? Two, did the trainees who learned put their learning into practice? If not, the operation and organization of the agency should be examined for any barriers they may be presenting to utilization of the training. Three, did the trainees who practiced what they learned have better results with clients? If not, the agency should reexamine what it is teaching.

In conclusion, some mention should be made of a long-range aim of evaluation research: to be able to generalize beyond the immediate study and derive propositions that are useful across a range of training contexts. To do this, the separate pieces of evaluation must fit together. We need greater continuity in purpose, method, and technique. We must build on each other's work, replicate studies, and begin to construct theories appropriate to training evaluation.

We are only beginning to cope with the need to specify training inputs as well as training outcomes. If an agency's training program is found to be successful and another agency wants to adopt it, we are often hard put to say exactly what was done. What precisely was the program, and what were its key components?

At the descriptive level, this problem requires that the training program as officially described be the same one that was carried out, or that any modifications introduced in the course of the training be conscientiously recorded.

Otherwise, the evaluation will be attributing the effects of the real program to a phantom program that did not exist. Second, it might be desirable to institute some quality control measures, so that certain minimum standards of training quality are assured. Otherwise, the evaluation will be attributing results, or the lack of them, to a program that was not carried out at a reasonable level of competence and therefore not given a fair test.

At the analytical level, we face complex questions about which components of the program are responsible for which class of effects. For further development in the field, this kind of analysis of training input needs major attention.

Nevertheless, there is much that evaluation can do now to improve staff development programs. It is a rigorous activity but a rewarding one when we devote to it the necessary resources of time and skill and support.

Projects Approved in Work Experience Program

As of March 18, 1965, projects located in 23 States, the District of Columbia, Puerto Rico, and the Virgin Islands had been approved for support under the Work Experience Program, which is administered by the Welfare Administration as authorized by Title V of the Economic Opportunity Act of 1964. The 44 projects will include an estimated 35,310 participants with 105,830 dependents; these projects will thus affect 141,140 persons. The grants totaled $36,512,900, with individual grants ranging from $12,400 to $9,600,000 (see table).

The overall purpose of the program is to provide unemployed parents and other needy persons with the work experience, training, and basic education that they must have to regain or improve their employability. The program also strives to develop work habits, constructive attitudes, and good morale. The projects approved cover a wide range of activities. In several of them, mothers are acquiring work experience and training for employment in child day care centers. In others, unemployed persons are being trained to help provide necessary services to public assistance recipients. Aides are being trained for hospitals, clinics, and other public institutions. One project is helping a small group of severely handicapped persons toward greater independence.

As of March 18, proposals for 27 other projects, representing requests for approximately $31,943,000 and including 32,300 participants with 96,500 dependents, were pending.

For further information concerning the Work Experience Program, write to Bureau of Family Services, Welfare Administration, Washington, D.C. 20201.

Projects approved, as of March 18, 1965

State	Number of projects	Estimated Federal cost (in thousands)	Estimated persons 1/ (in thousands)		
			Participants	Dependents	Total
Alaska ..	1	$ 32.0	---	---	---
Ark.....	2	260.2	.1	.3	.4
Calif....	8	3,567.9	8.6	25.8	34.4
Conn.....	1	741.3	1.6	4.7	6.3
Delaware.	1	16.2	---	---	---
D.C.....	1	79.2	---	---	---
Ga.....	1	200.0	.6	1.8	2.4
Iowa.....	1	28.7	---	---	---
Ky.....	1	9,600.0	3.6	10.8	14.4
La.....	3	516.0	.8	2.5	3.3
Md.....	2	37.6	.01	.03	.04
Mass.....	1	48.5	---	---	---
Mich.....	2	2,909.5	3.0	9.0	12.0
Minn.....	2	4,476.5	1.5	4.5	6.0
N.J.....	1	31.9	---	---	---
N. Mex...	1	18.8	---	---	---
N.C.....	1	421.1	.3	.9	1.2
Ohio.....	4	6,368.2	3.8	11.3	15.1
Okla.....	1	15.6	---	---	---
Pa.....	2	384.0	.3	.9	1.2
P.R.....	1	5,440.8	9.6	28.8	38.4
R.I.....	1	200.0	.4	1.2	1.6
Utah.....	1	28.7	---	---	---
V.I.....	1	70.3	.1	.2	.3
Wash.....	1	30.5	---	---	---
Wis.....	2	987.4	1.0	3.1	4.1
Total..	44	$36,512.9	35.31	105.83	141.14

1/ Grants without numbers of participants listed are grants for the provision of State administrative staff to develop, supervise, coordinate, and evaluate Title V projects.

Cooperative Research and Demonstration Reports*

USE OF CREDIT UNIONS BY LOW-INCOME GROUPS

This project, conducted in 1961-63 under the direction of Dr. John T. Croteau, professor of economics at the University of Notre Dame, examined the use of credit unions among various income groups, with emphasis on groups with less than average income. The project was intended to contribute to a better understanding of practices and attitudes concerning money management among low-income families and individuals.

The study was based on data supplied by six large employers in the Chicago-Gary-South Bend area, including a steel mill, a municipal park district, a machine shop, a hospital, a school system, and a university. Personnel and payroll records of about 27,000 employees covering a broad range of occupations--professional, industrial, clerical, skilled, semiskilled, and unskilled--were made available for the study. These records included data on income, sex, age, and length of employment. For credit union members, additional information was included on shareholdings, loans outstanding, and loan-payment delinquency.

In addition, mail questionnaires were sent to a sample of about 5,000 employees, both members and nonmembers of credit unions. These questionnaires sought to examine attitudes on saving, credit, use of the credit union and other financial institutions, and on the credit union image held by both members and nonmembers. Out of the 5,000 questionnaires mailed, 1,921 were filled out and returned. Of these, 1,391 were from members and 530 were not.

The following income groups were established from the payroll records:

	Percent
Under $2,000	8.6
$2,000 - $2,999	4.1
$3,000 - $3,999	5.6
$4,000 - $4,999	12.9
$5,000 - $5,999	19.0
$6,000 and over	48.8
Unknown	1.0
	100.0

The median income of the total group was approximately $6,000. The records also showed that over 65 percent had worked 6 years or more for their present employer; 88 percent were males; 50 percent were between 25 and 45 years of age and 33 percent were 46 years of age and over.

The 27,000 employees divided almost equally between credit union members and nonmembers: 49.7 percent members, 50.3 percent nonmembers. There appeared to be a direct relationship between income and credit union membership, with membership increasing as income increased, up to the $5,000 income group, after which there was a leveling off at a little over 56 percent. Correspondingly, the proportion of members increased as age and seniority increased--58 percent of the employees who had been employed 6 years or longer were members compared with 36 percent of employees with only 3 years of employment.

Analysis of the distribution of shareholdings of members revealed that almost 55 percent of the shareholders had less than $100 in savings in the credit union. Although those with larger incomes saved more in absolute sums, the ratio of savings to income was highest in the lowest income group. Members with income under $2,000 had savings amounting to 13.5 percent of income, and those in the $2,000-$2,999 group had savings amounting to 8.9 percent of income. At higher income levels, savings as a proportion of income was fairly constant between 5 and 6 percent.

*Based on reports from projects aided by the Cooperative Research and Demonstration Grants Program administered by the Welfare Administration with the cooperation of the Social Security Administration. Requests for additional information on these studies should be directed to the project investigators.

Similarly, credit union loans outstanding were largest in relation to income in the lowest income groups--with a leveling off at between 10 and 11 percent of income beginning at the $4,000-$4,999 level.

The three main reasons given by members and nonmembers alike for obtaining credit were, in order of rank "to buy consumer items (other than automobile)," "to buy an automobile," and "emergency: medical, auto repair, etc." More members than nonmembers used credit in all income groups except the $3,000-$3,999 group.

The credit union was used as a source of borrowing by 41.6 percent of the members. More than 50 percent of those members in the $3,000-$6,000 income class borrowed from the credit union. Nonmembers used commercial credit sources approximately twice as much as members, except for retail outlets where the use was more nearly equal.

"Convenience" and "low charges" were the major reasons for borrowing from the credit union. However, while 64.8 percent gave "low charges" as their reason for borrowing from the credit union, 13.5 percent gave "charges too high" as their reason for not doing so.

Attitudes toward saving revealed greater differences based on income than appeared in attitudes toward credit, except that saving for "emergencies" ranked first in every category. In the lower income levels (less than $5,000), a slightly greater proportion of credit union members than of nonmembers saved during the preceding 12 months. Above that level, however, more nonmembers than members saved. This suggests that the credit union did stimulate saving among low-income groups.

The image of the credit union among both members and nonmembers was generally favorable. The credit union was characterized as being convenient, helpful in emergencies, and friendly. Some interesting questions are suggested however: If "convenience" is highest among the favorable aspects, why did more than 10 percent of nonmembers object because of "inconvenience?" An even more interesting question occurs when, in evaluating the credit union, 23 percent of nonmembers responded that they were "in favor of, complimentary, or satisfied." Why, then, were they not members? And why did 21 percent of members respond "neutral or noncommittal" on this question? Such responses may indicate a lack of information and lack of interest concerning the credit union. The large proportion of the sample that did not return the questionnaire also may indicate lack of interest or lack of knowledge.

The questionnaire could have yielded more significant information had it contained items on marital status, size of family, and whether the employee was the primary or secondary wage earner, since the relationship of income to saving and borrowing would be influenced by family composition. And, it would have been useful also to ask credit union members, "Why did you join the credit union?"

Although one might have wished that certain additional items had been included in the study, or that particular issues had been probed further, several general indications of credit union use can be detected:

The lowest income groups, for whom credit union services might be especially helpful, have the smallest percentage of credit union members. Employees in low-income groups who do belong to the credit union use it for borrowing and saving to a greater degree relative to their income than higher income groups.

Convenience seems to be the most attractive aspect of credit unions for its members; it is rated above low credit charges and far above the financial advice that may be available.

Employee responses concerning why the individual did not use the credit union's services, as well as other responses, seem to indicate a need for more public education concerning the various financial institutions available, particularly among low-income groups.

--Hilda Siff,
Division of Research

Program and Operating Statistics

PUBLIC ASSISTANCE IN DECEMBER 1964 AND ANNUAL SUMMARY

In December 1964, about 8.0 million persons were receiving aid under the six public assistance programs[1]--304,000 more than in December a year earlier. The year's peak was reached in December, when the total rose by 183,000 from the previous month. The recent upward movement, which began in October, resulted largely from seasonal influences and in part from flood conditions on the West Coast.

By far the year's greatest change in number of recipients was the rise of 308,500 in aid to families with dependent children (including 83,800 added in families receiving assistance because of a parent's unemployment). Increases were reported by three-fourths of the States and were between 10 and 39 percent in 16 States.

The increase in the national recipient load resulted in part from net additions (more than 18,000) under new programs of medical assistance for the aged. It also reflected a small rise (an estimated 4,000) in the number of persons authorized to receive a money payment for personal needs under aid to the permanently and totally disabled concurrently with institutional care provided under medical asistance for the aged.

In 1964, total expenditures for assistance, including vendor payments for medical care, amounted to $5,096 million--$360 million more than in 1963. Total payments to recipients rose $172 million (11.6 percent) in aid to families with dependent children, $117 million (35.3 percent) in medical assistance for the aged, $58 million (13.9 percent) in aid to the permanently and totally disabled, $16 million (0.8 percent) in old-age assistance, and $2 million (1.9 percent) in aid to the blind. For general assistance, total payments, excluding vendor payments for medical care, declined $7 million or 2.5 percent.

Recipients of old-age assistance numbered 2.2 million in December 1964--34,600 fewer than in December 1963. Forty-one States reported declines for the year; 16 States had decreases of more than 5 percent. In three of the latter States, relatively large numbers of aged persons in nursing homes were transferred to programs of medical assistance for the aged. Nationally, the average payment was $79--an increase of $2 for the year.

The number of persons receiving aid to the blind decreased 1,400 to a total of 96,400 in December 1964, with 34 States reporting decreases. The average payment was $82 in December 1963 and $86 in December 1964.

In December 1964, payments of medical assistance for the aged were made in behalf of 226,700 persons in 41 States, up 76,800 from a year ago. The average payment was $195. During the year, initial payments were made under programs in nine States. Delaware and Rhode Island received and approved applications in late 1964 but did not make any payments.

About 527,500 persons were receiving aid to the permanently and totally disabled at the end of the year--48,200 more than in December 1963. The average pay-

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[1]Data for specified types of assistance under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged are classified with data for separate State programs for old-age assistance, aid to the blind, aid to the permanently and totally disabled, or medical assistance for the aged.

ment rose from $76 in December 1963 to $81 in December 1964.

In December 1964, aid to families with dependent children was provided to 4.3 million persons, including 3.2 million children--7.8 percent and 7.7 percent more, respectively, than in December 1963. During the year, three States extended their AFDC programs to include persons in need because of a parent's unemployment. In the three States, a majority of the 112,300 such recipients who received AFDC in December 1964 would undoubtedly have otherwise received general assistance. For all AFDC recipients, the national average payment was $34--an increase of $2 over the year.

General assistance cases totaled 346,000 in December 1964, about 6,000 fewer than in December 1963; the 778,000 persons assisted represented a drop of 94,000 from the December 1963 total. The average payment per recipient ($30) was $3 more than in December 1963.

During the year, a number of States increased money payments to recipients. Nine States raised the maximums on individual monthly payments in one or more programs. Cost standards were increased or other liberalizations were made in about a fourth of the States. Some States made less stringent the reductions in the proportion of determined need met by money payments.

The cost of medical care continued to rise, and a number of States increased the vendor payment rates for hospitalization, drugs, and/or nursing and convalescent home care. A few States broadened the scope of coverage of medical care provided recipients through vendor payments.

Table 1. Number of recipients of public assistance in the United States, by month, December 1963-1964 1/

[Except for general assistance, includes cases receiving only vendor payments for medical care]

Year and month	Old-age assistance 2/	Medical assistance for the aged 2/	Aid to the blind 2/	Aid to the permanently and totally disabled 2/	Aid to families with dependent children			General assistance 4/	
					Families	Total recipients 3/	Children	Cases	Recipients
	Number of recipients								
1963									
December...	2,193,581	149,880	97,793	479,312	966,779	3,980,509	2,987,197	352,000	872,000
1964									
January....	2,190,006	156,788	97,709	482,432	983,071	4,060,209	3,042,643	376,000	952,000
February...	2,188,506	160,471	97,617	486,286	999,483	4,141,730	3,098,336	374,000	932,000
March.....	2,188,610	172,736	97,760	490,156	1,013,313	4,206,817	3,148,698	373,000	913,000
April.....	2,186,709	176,311	97,631	493,971	1,023,498	4,261,965	3,188,173	360,000	845,000
May.....	2,184,945	180,956	97,574	497,402	1,021,623	4,253,536	3,183,929	335,000	746,000
June.....	2,182,037	187,021	97,408	501,426	1,014,109	4,214,809	3,159,402	326,000	708,000
July.....	2,177,074	185,537	97,259	508,895	1,009,194	4,191,200	3,142,795	321,000	700,000
August.....	2,167,588	207,386	97,066	511,595	1,005,821	4,175,979	3,132,370	323,000	712,000
September..	2,162,386	208,358	96,853	514,938	1,003,466	4,164,828	3,126,988	321,000	702,000
October....	2,160,922	220,783	96,586	519,070	1,005,880	4,174,728	3,138,039	319,000	691,000
November...	2,161,446	217,336	96,416	521,789	1,010,016	4,195,113	3,152,468	322,000	702,000
December...	2,158,994	226,728	96,438	527,503	1,029,936	4,289,028	3,218,301	346,000	778,000
	Percentage change from previous month								
1963									
December...	(5/)	-2.0	-0.1	+0.4	+1.2	+1.5	+1.4	+9.6	+14.1
1964									
January....	-0.2	+4.6	-.1	+.6	+1.7	+2.0	+1.9	+6.7	+9.1
February...	-.1	+2.3	-.1	+.8	+1.7	+2.0	+1.8	-.6	-2.0
March.....	(6/)	+7.6	+.1	+.8	+1.4	+1.6	+1.6	(5/)	-2.1
April.....	-.1	+2.1	-.1	+.8	+1.0	+1.3	+1.3	-3.6	-7.5
May.....	-.1	+2.6	-.1	+.7	-.2	-.2	-.1	-6.9	-11.6
June.....	-.1	+3.4	-.2	+.8	-.7	-.9	-.8	-2.9	-5.1
July.....	-.2	-.8	-.2	+1.5	-.5	-.6	-.5	-1.5	-1.2
August.....	-.4	+11.8	-.2	+.5	-.3	-.4	-.3	+.8	+1.8
September..	-.2	+.5	-.2	+.7	-.2	-.3	-.2	-.6	-1.4
October....	-.1	+6.0	-.3	+.8	+.2	+.2	+.4	-.8	-1.6
November...	(6/)	-1.6	-.2	+.5	+.4	+.5	+.5	+1.1	+1.6
December...	-.1	+4.3	(6/)	+1.1	+2.0	+2.2	+2.1	+7.3	+10.9

1/ All data subject to revision. 2/ Represents data for recipients of the specified type of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 4/ Partly estimated. Excludes Idaho, Indiana, and Nebraska; data not available. 5/ Decrease of less than 0.05 percent. 6/ Increase of less than 0.05 percent.

Table 2. Amount of public assistance payments in the United States, by month, December 1963-December 1964 1/

[Except for general assistance, includes vendor payments for medical care]

Year and month	Total 2/	Old-age assistance 3/	Medical assistance for the aged 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Aid to families with dependent children	General assistance 4/
	Amount of assistance						
1963							
December	$402,511,000	$168,983,570	$30,212,494	$8,021,573	$36,301,752	$126,646,605	$23,951,000
1964							
January	407,262,000	168,976,922	30,929,251	8,013,048	36,599,229	128,916,121	25,666,000
February	414,627,000	171,345,730	31,757,790	8,076,895	37,336,550	132,718,951	24,950,000
March	424,742,000	172,520,773	34,679,610	8,140,935	38,241,308	136,836,208	25,144,000
April	427,751,000	171,442,862	36,533,311	8,167,521	38,683,080	139,563,179	24,063,000
May	422,752,000	171,194,291	35,220,765	8,200,759	38,975,829	138,443,298	21,838,000
June	422,681,000	171,135,263	36,835,583	8,188,807	39,365,811	137,028,262	21,063,000
July	423,372,000	171,666,857	36,263,042	8,218,116	40,135,368	137,360,488	21,082,000
August	422,204,000	168,196,378	39,228,163	8,198,173	39,874,356	136,270,529	20,926,000
September	423,629,000	168,527,705	38,263,807	8,179,619	40,478,606	137,613,993	21,238,000
October	434,067,000	170,460,876	43,739,320	8,237,442	41,283,107	139,484,356	21,674,000
November	428,290,000	168,957,670	39,963,969	8,194,037	41,292,179	139,295,652	21,319,000
December	444,769,000	170,334,474	44,140,554	8,274,220	42,522,111	145,179,376	23,718,000
	Percentage change from previous month						
1963							
December	+2.3	+0.6	+4.3	+0.4	+1.0	+3.1	+12.9
1964							
January	+1.2	(5/)	+2.4	-.1	+.8	+1.8	+7.2
February	+1.8	+1.4	+2.7	+.8	+2.0	+2.9	-2.8
March	+2.4	+.7	+9.2	+.8	+2.4	+3.1	+.8
April	+.7	-.6	+5.3	+.3	+1.2	+2.0	-4.3
May	-1.2	-.1	-3.6	+.4	+.8	-.8	-9.2
June	(5/)	(5/)	+4.6	-.1	+1.0	-1.0	-3.6
July	+.2	+.3	-1.6	+.4	+2.0	+.2	+.1
August	-.3	-2.0	+8.2	-.2	-.7	-.8	-.7
September	+.3	+.2	-2.5	-.2	+1.5	+1.0	+1.5
October	+2.5	+1.1	+14.3	+.7	+2.0	+1.4	+2.1
November	-1.3	-.9	-8.6	-.5	(6/)	-.1	-1.6
December	+3.8	+.8	+10.5	+1.0	+3.0	+4.2	+11.3

1/ All data subject to revision. 2/ Total exceeds sum of columns because of inclusion of vendor payments for medical care from general assistance funds and from special medical funds; data for such expenditures partly estimated for some States. 3/ Represents data for payments to recipients of the specified type of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Partly estimated. Excludes Idaho, Indiana and Nebraska; data not available. 5/ Decrease of less than 0.05 percent. 6/ Increase of less than 0.05 percent.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, December 1964 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	November 1964 in--		December 1963 in--	
				Number	Amount	Number	Amount
Total 2/....	2,158,994	$170,334,474	$78.90	-0.1	+0.8	-1.6	+0.8
Ala.....	111,187	7,513,252	67.57	(3/)	(4/)	+2.5	+3.2
Alaska 5/.....	1,371	6/ 111,512	81.34	+.4	-18.1	-1.0	-10.2
Ariz.....	13,289	841,781	63.34	(4/)	+.5	-1.2	+.2
Ark.....	58,902	3,736,966	63.44	(4/)	+.3	+2.1	+6.8
Calif.....	273,319	30,198,274	110.49	(4/)	+2.1	+2.3	+5.9
Colo. 2/.....	44,464	4,112,791	92.50	-.4	-1.1	-9.8	-15.4
Conn.....	7,145	578,520	80.97	-.9	+4.2	-13.1	-12.4
Del.....	1,396	89,530	64.13	+1.7	-6.5	+17.8	+28.5
D. C.....	2,408	205,042	85.15	+.2	+2.3	-2.4	+25.7
Fla. 5/.....	73,341	4,766,432	64.99	+.2	-3.4	+3.2	+5.7
Ga.....	92,209	5,286,370	57.33	-.1	+1.6	-.1	+2.5
Guam 7/.....	148	4,711	31.83	---	---	---	---
Hawaii 5/.....	1,167	84,393	72.32	-.3	-3.0	+2.2	+9.7
Idaho.....	4,453	324,314	72.83	-.5	-.5	-10.0	-7.4
Ill. 5/.....	56,732	5,304,417	93.50	-.2	-.4	-6.6	+3.9
Ind.....	22,924	1,941,980	84.71	+.3	+4.1	-2.2	+6.8
Iowa.....	27,717	2,596,811	93.69	-.3	+.3	-6.2	-3.4
Kans. 5/.....	21,994	2,051,659	93.28	+1.1	+6.0	-8.7	-7.7
Ky. 5/.....	58,055	3,457,080	59.55	+.9	+1.0	+4.4	+8.1
La.....	130,758	11,102,316	84.91	-.1	-.2	+.8	+3.0
Maine 5/.....	11,103	916,823	82.57	+.1	-.2	-1.4	-2.7
Md. 5/.....	9,886	721,515	72.98	+.5	+.7	+4.5	+5.9
Mass.....	53,458	5,117,157	95.72	-.4	+6.8	-3.8	+2.1
Mich.....	49,321	4,577,333	92.81	-.1	+.3	-2.2	+12.1
Minn.....	32,577	2,790,925	85.67	-.8	-2.1	-24.7	-42.6
Miss.....	73,252	2,866,775	39.14	-.4	(3/)	-3.1	-1.9
Mo.....	102,575	6,996,739	68.21	-.2	-.1	-2.3	-.4
Mont.....	5,292	380,776	71.95	-.5	-.3	-6.8	-2.1
Nebr.....	12,513	1,164,845	93.09	-.1	+2.9	-1.3	+11.4
Nev.....	2,616	231,158	88.36	-.1	-1.5	+2.0	+2.0
N. H.....	4,432	453,289	102.28	-.3	-1.0	-2.3	-.3
N. J.....	13,872	1,132,447	81.64	0	+.5	-1.5	+.1
N. Mex. 5/.....	10,585	841,019	79.45	-.9	-.8	-2.4	+3.4
N. Y. 5/.....	56,516	5,277,288	93.38	+.5	-1.2	+.2	+3.6
N. C.....	43,112	2,627,092	60.94	+.4	+2.6	-2.3	+1.4
N. Dak. 5/.....	5,248	478,158	91.11	-.2	+2.7	-5.6	+.7
Ohio.....	81,947	7,153,816	87.30	-1.4	(3/)	-3.7	-.9
Okla. 5/.....	83,142	8,003,015	96.26	(4/)	-.2	-.8	+1.4
Oreg.....	10,507	749,962	71.38	-.6	+1.1	-11.6	-6.6
Pa.....	46,298	3,583,117	77.39	-.9	+2.9	-2.0	+2.2
P. R. 5/.....	31,033	288,878	9.31	-.5	+3.1	-6.5	-2.5
R. I. 5/.....	5,970	564,449	94.55	-.3	-1.0	-1.0	+11.0
S. C.....	25,704	1,345,703	52.35	-.4	+.6	-4.0	+1.0
S. Dak.....	7,162	608,450	84.96	-.2	(4/)	-4.6	-1.3
Tenn.....	45,063	2,540,415	56.37	(4/)	+5.7	-4.1	+.1
Tex.....	230,309	16,093,741	69.88	+.1	-.2	+.7	+.7
Utah.....	4,864	333,866	68.64	-.4	+4.4	-6.9	+1.1
Vt. 5/.....	5,441	470,279	86.43	-.5	+1.8	-1.0	+2.4
V. I.....	448	18,428	41.13	+.2	+2.3	-5.9	+3.8
Va.....	13,356	850,320	63.67	-.1	-.1	-1.5	+2.8
Wash.....	32,810	2,729,540	83.19	-.3	+.2	-5.1	-4.1
W. Va.....	14,222	707,935	49.78	-.5	-.4	-6.5	-.9
Wis.....	28,932	3,201,769	110.67	+.1	+4.4	-3.1	+.7
Wyo.....	2,449	209,301	85.46	-1.1	-.6	-5.1	-2.6

1/ All data subject to revision. 2/ Includes 3,848 recipients aged 60-64 in Colorado and payments of $336,485 to these recipients. Such payments were made without Federal participation. 3/ Decrease of less than 0.05 percent. 4/ Increase of less than 0.05 percent. 5/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged. 6/ In addition, an unknown amount of supplemental payments from general assistance funds were made to recipients. 7/ Data for September; later date not available.

Table 4. Medical assistance for the aged: Recipients and payments for recipients, by State, December 1964 1/

State	Number of recipients 2/	Payments for recipients		Percentage change from November 1964	
		Total amount	Average	Number	Amount
Total.....	226,728	$44,140,554	$194.69	+4.3	+10.5
Ala.....	196	60,500	308.67	-12.9	-15.5
Ark.....	2,757	156,753	56.86	-2.3	+9.4
Calif.....	32,947	10,086,926	306.16	+15.2	+18.2
Colo.....	4,359	3/ 831,905	190.85	+1.3	+1.3
Conn.....	6,347	1,272,033	200.41	+2.1	+8.0
Dist. of Col.....	836	258,040	308.66	+129.7	+166.3
Fla. 4/.....	355	117,010	329.61	-37.9	-43.2
Guam 5/.....	27	368	(6/)	---	---
Hawaii 4/.....	702	185,290	263.95	+28.8	+30.0
Idaho.....	2,174	300,577	138.26	+3.4	+9.7
Ill. 4/.....	1,379	527,560	382.57	+35.1	+35.1
Iowa.....	7,272	535,170	73.59	+3.0	-.8
Kansas 4/.....	2,699	3/ 397,339	147.22	+5.2	+11.4
Ky. 4/.....	9,630	241,513	25.08	+29.0	+3.9
La.....	513	87,954	171.45	+13.7	+11.6
Maine 4/.....	389	99,364	255.43	+31.0	+31.0
Md. 4/.....	10,500	434,067	41.34	-3.2	+7.3
Mass.....	28,048	3/ 4,793,562	170.91	-1.6	+2.9
Mich.....	5,820	2,117,042	363.75	+11.5	+13.1
Minn.....	12,323	3/ 2,491,978	202.22	+4.8	+3.2
Nebr.....	142	49,330	347.39	-31.7	-28.3
N. H.....	1,364	79,153	58.03	-19.6	-1.0
N. J.....	5,355	3/ 1,389,553	259.49	+1.3	+5.0
N. Y. 4/.....	34,279	3/10,710,474	312.45	+3.4	+12.6
N. C.....	(7/)	(7/)	(7/)	(7/)	(7/)
N. Dak. 4/.....	8/ 1,234	3/ 264,237	214.13	+.6	-.6
Okla. 4/.....	1,015	143,512	141.39	+12.9	+8.4
Oreg.....	4,072	616,065	151.29	+4.1	+6.1
Pa.....	10,294	2,597,870	252.37	+10.7	+17.1
P. R. 4/.....	2,645	81,651	30.87	-26.0	-22.4
S. C.....	910	177,370	194.91	-5.0	+32.8
S. Dak.....	491	29,200	59.47	+14.2	+14.2
Tenn.....	6,959	240,609	34.58	+5.7	-13.5
Utah.....	2,065	237,153	114.84	-2.7	+3.3
Vt. 4/.....	117	34,257	292.79	-22.5	+2.8
V. I.....	(7/)	(7/)	(7/)	(7/)	(7/)
Va.....	2,085	182,309	87.44	+7.4	+4.3
Wash.....	9,931	1,435,434	144.54	+2.3	+1.4
W. Va.....	11,094	299,472	26.99	-8.8	-14.7
Wis.....	3,388	567,634	167.54	+11.8	+7.7
Wyo.....	15	10,320	(6/)	(6/)	(6/)

1/ All data subject to revision. 2/ Persons for whom vendor payments were made during the report month. 3/ Includes money payments not subject to Federal participation as follows: $50 in Colorado, $11,067 in Kansas, $98,421 in Massachusetts, $35,343 in Minnesota, $8,568 in New Jersey, $53,550 in New York, and $2,630 in North Dakota. 4/ Represents medical assistance for the aged under program for aid to the aged, blind, or disabled and medical assistance for the aged. 5/ Data for September; later data not available. 6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 7/ Program in operation but no payments made in December 1964. 8/ Includes an unknown number of cases receiving only money payments.

Table 5. Aid to the blind: Recipients and payments to recipients, by State, December 1964 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	November 1964 in--		December 1963 in--	
				Number	Amount	Number	Amount
Total 2/	96,438	$8,274,220	$85.80	(3/)	+1.0	-1.4	+3.1
Ala.	1,824	124,789	68.42	+.6	+1.5	+6.2	+42.2
Alaska 4/	110	8,916	81.05	+1.9	+3.1	+3.8	+9.3
Ariz.	818	58,671	71.72	-.4	-.5	-2.3	-3.2
Ark.	1,946	139,356	71.61	-.1	+1.6	-1.8	+5.0
Calif. 2/	12,541	1,693,234	135.02	+.5	+3.2	+3.4	+9.3
Colo.	251	20,205	80.50	0	+.7	-3.1	-7.8
Conn.	313	32,028	102.33	+.6	-4.6	+1.6	-4.7
Del.	297	25,817	86.93	+1.7	+4.5	+1.7	+12.0
D. C.	199	14,974	75.25	0	+2.0	+3.1	+5.2
Fla. 4/	2,575	174,298	67.69	-.2	-.5	+.2	+3.9
Ga.	3,203	194,525	60.73	+.1	+1.9	+1.8	+4.4
Guam 5/	7	132	(6/)	---	---	---	---
Hawaii 4/	76	9,941	130.80	(6/)	(6/)	(6/)	(6/)
Idaho	134	10,064	75.10	0	+2.9	+7.2	+11.2
Ill. 4/	2,472	232,885	94.21	-.3	-.1	-8.2	-.4
Ind.	1,764	157,002	89.00	-.6	-2.3	-2.4	+.3
Iowa	1,166	118,220	101.39	-.3	-.2	-5.9	-6.2
Kans. 4/	515	50,992	99.01	+.4	+2.1	-1.5	+1.6
Ky. 4/	2,475	172,697	69.78	+.9	+1.1	+3.1	+7.5
La.	2,792	226,603	81.16	+.1	+.3	-1.0	-1.1
Maine 4/	315	26,172	83.09	-1.9	-2.9	-17.5	-18.1
Md. 4/	385	31,192	81.02	+.5	+.3	-4.7	-.7
Mass.	2,290	312,457	136.44	-.1	-.7	+.8	+3.2
Mich.	1,685	154,904	91.93	+.7	+2.4	-.2	+12.3
Minn.	1,046	114,841	109.79	-.9	-7.7	-.6	-2.5
Miss.	2,700	120,946	44.79	-.6	-.2	-11.2	-7.8
Mo. 2/	4,453	333,975	75.00	-.5	-.5	-3.7	-3.7
Mont.	247	21,478	86.96	+.4	+1.9	-4.6	+6.0
Nebr.	633	69,163	109.26	-.2	+.6	-4.5	+5.9
Nev.	161	18,723	116.29	-.6	-1.3	-2.4	-6.4
N. H.	268	28,706	107.11	-1.8	-.9	0	+2.5
N. J.	946	83,099	87.84	+.2	(7/)	+.5	+5.9
N. Mex. 4/	341	32,610	95.63	-.6	-.5	-.3	+6.8
N. Y. 4/	3,151	351,635	111.59	+.8	-2.2	-1.0	-.6
N. C.	4,992	331,392	66.38	-.3	-3.4	-2.0	+3.0
N. Dak. 4/	78	6,448	82.67	(6/)	(6/)	(6/)	(6/)
Ohio	3,298	287,662	87.22	0	+5.1	-3.5	+1.4
Okla. 4/	1,652	202,108	122.34	+.4	(7/)	-3.1	-.6
Oreg.	443	39,931	90.14	+2.3	-.2	+10.2	+13.4
Pa. 2/	17,757	1,347,612	75.89	-.1	+1.1	-1.3	+.5
P. R. 4/	1,397	12,180	8.72	-.8	+3.0	-9.9	-5.5
R. I. 4/	103	9,743	94.59	+1.0	+.9	(6/)	(6/)
S. C.	1,832	114,548	62.53	+.2	+1.6	+6.8	+10.2
S. Dak.	118	8,662	73.41	-1.7	-.5	-13.2	-4.4
Tenn.	2,146	118,376	55.16	+.2	+6.4	-7.3	+.2
Tex.	4,764	331,589	69.60	(7/)	+.1	-2.7	-2.1
Utah	168	12,032	71.62	-2.3	+2.4	-5.1	-1.9
Vt. 4/	118	8,444	71.56	0	+.8	+6.3	+13.6
V. I.	15	595	(6/)	(6/)	(6/)	(6/)	(6/)
Va.	1,140	80,456	70.58	-.2	+.3	-1.4	+4.8
Wash.	661	67,156	101.60	-.5	+9.5	-1.9	+6.2
W. Va.	799	38,158	47.76	-.7	-.7	-7.1	-7.3
Wis.	798	87,037	109.07	-.7	+6.4	-3.2	+10.0
Wyo.	60	4,841	80.68	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision. 2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $24,290 to 142 recipients; Missouri, $54,741 to 699 recipients; and Pennsylvania, $945,666 to 12,888 recipients. 3/ Increase of less than 0.05 percent. 4/ Represents aid to the blind under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Data for September; later data not available. 6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 7/ Decrease of less than 0.05 percent.

Table 6. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, December 1964 1/

/Includes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	November 1964 in--		December 1963 in--	
				Number	Amount	Number	Amount
Total.....	527,503	$42,522,111	$80.61	+1.1	+3.0	+10.1	+17.1
Alabama.....	14,869	687,645	46.25	+.2	+.6	+6.3	+6.8
Alaska 2/.....	202	22,625	112.00	+5.2	-29.4	(3/)	(3/)
Ariz.....	3,325	224,427	67.50	+1.6	+1.8	+34.2	+33.9
Ark.....	9,421	577,018	61.25	(4/)	+2.3	+4.1	+14.1
Calif.....	55,982	6,327,947	113.04	+2.9	+3.1	+39.0	+47.0
Colo.....	10,266	485,491	47.29	+1.2	+1.3	+72.5	+11.1
Conn.....	7,757	595,860	76.82	+1.4	+4.5	+10.9	+28.3
Del.....	450	33,651	74.78	+3.9	+2.3	+6.6	+10.8
Dist. of Col....	3,240	267,594	82.59	+4.4	+15.6	+8.9	+16.7
Fla. 2/.....	17,186	1,193,333	69.44	+1.0	-3.6	+11.8	+11.1
Ga.....	26,893	1,627,393	60.51	+.3	+1.8	+5.1	+6.5
Guam 5/.....	50	1,259	25.18	---	---	---	---
Hawaii 2/.....	1,240	163,715	132.03	+24.9	+44.8	+25.4	+57.4
Idaho.....	2,991	170,768	57.09	+1.4	+2.0	+15.9	+20.9
Ill. 2/.....	28,715	2,775,009	96.64	+.6	+.5	+3.1	+7.0
Ind.....	1,382	148,231	107.26	+3.6	+4.5	+82.6	+53.3
Iowa.....	1,231	100,942	82.00	+.7	+.5	+16.7	+15.6
Kans. 2/.....	4,936	557,843	113.02	+1.9	+6.8	+11.4	+18.8
Ky. 2/.....	10,550	768,986	72.89	+1.8	+2.5	+12.1	+16.4
La.....	19,391	1,135,416	58.55	+.4	+.7	+4.7	+6.8
Maine 2/.....	2,263	201,056	88.84	+.1	+1.0	-1.7	-.3
Md. 2/.....	7,661	603,602	78.79	+.4	+.4	+9.6	+12.1
Mass.....	12,542	2,004,546	159.83	+1.0	+14.4	+12.5	+33.0
Mich.....	9,539	1,032,441	108.23	+4.0	+5.4	+34.9	+51.0
Minn.....	3,710	227,767	61.39	+1.3	+1.9	+13.9	+14.5
Miss.....	18,349	796,519	43.41	+.1	+.2	+11.2	+10.4
Mo.....	14,995	1,071,562	71.46	+.5	+1.0	+2.8	+5.4
Mont.....	1,330	105,038	78.98	+.4	+1.1	+6.2	+9.3
Nebr.....	2,601	254,734	97.96	+1.2	+4.3	+10.0	+24.6
N. H.....	591	67,819	114.75	-1.2	-.3	+8.8	+11.2
N. J.....	8,687	870,851	100.25	+.6	+2.4	+6.7	+12.8
N. Mex 2/.....	3,810	348,370	91.44	-.4	-.3	+12.3	+19.5
N. Y. 2/.....	35,284	4,486,460	127.15	+1.6	-1.5	+.8	+5.8
N. C.....	22,312	1,652,398	74.06	+1.4	+8.5	+5.2	+12.4
N. Dak. 2/.....	1,595	185,363	116.22	+2.1	+2.7	+17.3	+16.8
Ohio.....	19,332	1,576,961	81.57	+1.2	+9.8	+7.0	+13.5
Okla. 2/.....	13,948	1,561,416	111.95	+1.4	+1.2	+12.4	+16.2
Oreg.....	8,061	565,129	70.11	+.3	+3.4	+3.9	+15.2
Pa.....	20,349	1,588,380	78.06	+.5	+4.9	+9.1	+25.6
P. R. 2/.....	20,901	182,318	8.72	+.1	+1.4	-3.1	-1.5
R. I. 2/.....	2,830	267,271	94.44	+1.2	+1.1	+4.5	+8.3
S. C.....	8,900	477,634	53.67	+.4	+.8	+6.2	+8.1
S. Dak.....	1,107	76,843	69.42	0	-.5	0	+1.4
Tenn.....	13,048	713,616	54.69	+.7	+7.7	+5.0	+12.1
Tex.....	9,722	556,119	57.20	+.2	+.3	+9.7	+9.1
Utah.....	5,009	353,416	70.56	+2.0	+8.2	+9.1	+17.2
Vt. 2/.....	1,187	92,853	78.22	+1.5	-6.5	+21.0	+16.1
V. I.....	81	3,282	40.52	(3/)	(3/)	(3/)	(3/)
Va.....	6,887	466,320	67.78	(4/)	-.2	+4.2	+7.8
Wash.....	18,148	1,170,859	64.52	+.1	+2.9	-1.8	+2.3
W. Va.....	5,893	300,512	50.99	-.7	(6/)	-7.7	-4.5
Wis.....	6,115	743,518	121.59	+.5	+7.3	+8.3	+20.5
Wyo.....	639	51,435	80.49	+1.6	-7.9	+3.7	+8.4

1/ All data subject to revision. 2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Percentage change not computed on fewer than 100 recipients. 4/ Increase of less than 0.05 percent. 5/ Data for September; later data not available. 6/ Decrease of less than 0.05 percent.

Table 7. Aid to families with dependent children: Recipients and payments to recipients, by State, December 1964 1/

(Includes vendor payments for medical care and cases receiving only such payments)

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
		Total 2/	Children	Total amount	Average per--		Nov. 1964 in--		December 1963 in--	
					Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total....	1,029,936	4,289,028	3,218,301	$145,179,376	$140.96	$33.85	+2.2	+4.2	+7.8	+14.6
Ala. 3/.....	18,858	77,071	60,880	900,178	47.73	11.68	-.6	-.3	-15.1	-14.6
Alaska 3/.....	1,246	4,566	3,498	158,440	127.16	34.70	+1.8	+1.6	+2.3	+3.5
Ariz. 3/.....	9,448	40,441	30,556	1,148,750	121.59	28.41	+1.5	+1.1	-4.3	-4.9
Ark.....	7,064	29,055	21,800	485,103	68.67	16.70	+.1	-.9	+9.9	+9.1
Calif. 3/ 4/...	126,916	520,599	385,715	23,221,997	182.97	44.61	+6.1	+8.6	+38.7	+39.5
Colo.....	10,564	41,350	32,119	1,497,059	141.71	36.20	+.9	+1.3	+5.8	+11.1
Conn. 4/.....	14,871	59,477	43,172	2,755,427	185.29	46.33	+4.1	+4.2	+12.6	+12.0
Del. 4/.....	2,690	12,208	9,232	338,319	125.77	27.71	+4.6	+3.5	+12.1	+45.1
Dist. of Col...	4,165	19,940	16,066	654,003	157.02	32.80	+1.7	+1.6	+7.9	+9.2
Fla.....	28,017	105,933	85,352	1,689,263	60.29	15.95	(5/)	-1.0	+2.2	+1.4
Ga.....	17,501	71,120	54,505	1,570,707	89.75	22.09	+2.8	+2.9	+17.9	+12.3
Guam 6/.....	115	595	497	7,722	67.15	12.98	---	---	---	---
Hawaii 4/.....	3,170	13,777	10,248	482,372	152.17	35.01	+2.2	-.7	-1.0	+1.7
Idaho.....	2,538	9,777	7,129	378,788	149.25	38.74	+2.4	+2.6	-2.6	-4.4
Ill. 3/ 4/.....	54,866	258,243	199,273	11,643,799	212.22	45.09	+.5	+.7	+.3	+9.6
Ind. 3/.....	11,887	48,475	36,264	1,412,277	118.81	29.13	+1.6	+1.8	+3.4	+6.2
Iowa.....	10,773	43,169	31,426	1,672,382	155.24	38.74	+.9	+1.3	+3.1	+26.2
Kans. 3/ 4/....	8,615	36,465	28,018	1,406,897	163.31	38.58	+4.6	+6.2	+15.6	+18.3
Ky. 3/.....	20,763	78,337	56,439	2,007,305	96.68	25.62	-1.2	+4.8	+4.0	+10.2
La. 3/.....	23,787	104,126	78,971	2,407,863	101.23	23.12	+1.0	+1.2	+4.9	+5.6
Maine.....	5,219	19,049	14,052	548,484	105.09	28.79	-.1	-.1	-6.0	-7.6
Md. 3/ 4/.....	18,511	79,454	61,144	2,606,594	140.81	32.81	+4.6	+4.2	+20.3	+21.6
Mass 4/.....	24,988	93,874	70,283	4,719,391	188.87	50.27	+1.5	+9.2	+15.4	+18.8
Mich. 3/ 4/....	39,214	159,902	117,797	5,729,750	146.11	35.83	+1.8	-.1	+27.6	+24.4
Minn. 3/.....	13,626	50,271	39,280	2,592,417	190.26	51.57	+1.5	+2.5	+13.8	+15.0
Miss.....	20,685	82,364	65,887	816,394	39.47	9.91	-.2	-.1	+1.7	+5.3
Mo. 3/.....	26,014	106,495	81,385	2,587,480	99.46	24.30	+.5	+1.0	+1.3	+3.3
Mont.....	1,774	7,031	5,428	253,937	143.14	36.12	+.4	+1.7	+.5	+6.1
Nebr.....	3,876	15,886	12,230	484,762	125.07	30.52	+1.8	+2.9	+11.6	+15.1
Nev.....	1,233	5,012	3,957	156,986	127.32	31.32	+2.5	+2.1	+.8	-.4
N. H.....	1,071	4,420	3,298	195,318	182.37	44.19	+.6	(7/)	+5.2	+9.8
N. J.....	26,152	103,280	78,290	5,107,302	195.29	49.45	+1.0	+1.0	+10.5	+14.3
N. Mex. 3/.....	7,346	30,138	22,921	1,037,550	141.24	34.43	-1.7	-1.6	-1.9	-.6
N. Y. 4/.....	119,075	513,525	377,083	24,392,208	204.85	47.50	+3.2	+4.2	+11.1	+18.6
N. C. 3/.....	26,974	112,019	83,648	2,744,604	101.75	24.50	+2.2	+3.8	-1.6	+1.7
N. Dak.....	1,921	7,620	5,822	338,701	176.31	44.45	+1.9	+4.3	+15.0	+25.8
Ohio 4/.....	42,178	176,175	131,507	5,775,743	136.94	32.78	+3.8	+3.6	+15.5	+18.5
Okla. 3/ 4/....	18,489	72,731	54,003	2,394,435	129.51	32.92	+.2	+.3	+.5	-4.8
Oreg. 3/ 4/....	7,606	30,659	22,441	1,194,644	157.07	38.97	+7.5	+7.9	+3.1	+8.6
Pa. 4/.....	68,682	303,700	217,552	9,610,831	139.93	31.65	+2.2	+5.9	-5.1	+2.4
P. R.....	50,053	202,258	161,959	832,406	16.63	4.12	-.4	-.1	-5.0	+6.9
R. I. 4/.....	5,893	23,838	17,479	1,011,989	171.73	42.45	+1.9	+1.5	+6.0	+12.2
S. C.....	7,374	29,591	23,777	470,352	63.79	15.90	+.2	+.7	-7.6	-7.0
S. Dak.....	2,927	10,870	8,197	340,388	116.29	31.31	+1.5	+1.6	+8.2	+12.5
Tenn. 3/.....	18,955	75,719	57,434	1,707,045	90.06	22.54	+.7	+12.7	-2.0	+19.2
Tex.....	19,884	90,903	68,516	1,687,076	84.85	18.56	+1.4	+1.8	+3.2	+7.4
Utah 3/ 4/... .	5,314	21,973	15,828	726,868	136.78	33.08	+9.8	+7.7	+14.9	+21.1
Vt.....	1,406	5,431	3,990	159,780	113.64	29.42	+.4	+.3	+8.8	+6.6
V. I.....	323	1,210	1,018	22,039	68.23	18.21	+4.3	+1.9	-4.0	+12.4
Va. 3/.....	10,779	46,019	35,462	1,127,655	104.62	24.50	+1.0	+1.0	+4.1	+7.4
Wash. 3/ 4/....	17,252	69,363	49,307	2,538,964	147.17	36.60	+7.5	+10.8	+11.6	+7.4
W. Va. 3/ 4/...	25,106	115,546	79,871	3,068,149	122.21	26.55	+.8	+.9	-6.3	-6.4
Wis. 3/.....	11,289	44,521	33,619	2,226,490	197.23	50.01	+.5	+5.8	+3.2	+3.9
Wyo.....	893	3,457	2,676	133,993	150.05	38.76	+1.9	+2.2	+7.0	+11.9

1/ All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Includes data on foster-family care; see table 10. 4/ Includes data on unemployed-parent segment; see table 8. 5/ Decrease of less than 0.05 percent. 6/ Data for September; later data not available. 7/ Increase of less than 0.05 percent.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, December 1964 1/

[Includes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
		Total 2/	Children	Total	Average per--		November 1964 in--		December 1963 in--	
					Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total...	67,126	388,057	260,257	$12,792,483	$190.57	$32.97	+15.0	+17.6	+28.5	+39.1
Calif.....	12,893	74,938	50,851	2,862,338	222.01	38.20	+34.2	+45.2	(3/)	(3/)
Conn.....	1,994	11,191	7,359	368,134	184.62	32.90	+16.9	+14.0	-5.9	-10.2
Del.....	368	2,167	1,480	54,099	147.01	24.96	+20.7	+14.2	-18.8	+1.6
Hawaii....	285	1,853	1,292	54,382	190.81	29.35	+10.0	+14.9	-18.9	-14.5
Ill.....	5,925	38,649	27,040	1,612,017	272.07	41.71	+1.0	+1.4	-19.9	-13.4
Kans.....	397	2,350	1,573	83,742	210.94	35.63	+10.4	+16.6	+59.9	+78.4
Md.....	590	3,537	2,383	101,459	171.96	28.69	+50.4	+48.5	-8.0	-3.3
Mass.....	770	4,095	2,702	199,563	259.17	48.73	+16.5	+60.6	+27.9	+81.7
Mich.....	3,411	21,228	14,534	682,741	200.16	32.16	+4.9	+4.9	(3/)	(3/)
N. Y.....	14,630	84,306	57,082	2,984,187	203.98	35.40	+10.1	+11.0	+1.9	+11.0
Ohio.....	2,772	16,120	10,876	415,371	149.85	25.77	+44.7	+31.7	(3/)	(3/)
Okla.....	16	92	63	2,568	(4/)	(4/)	(4/)	(4/)	-13.2	-18.1
Oreg.....	864	5,054	3,409	180,672	209.11	35.75	+46.4	+46.9	+13.2	+24.6
Pa.....	7,598	41,922	27,249	1,032,610	135.91	24.63	+10.6	+12.4	-28.4	-32.1
R. I.....	535	3,106	2,065	110,223	206.02	35.49	+14.0	+11.2	-2.8	+1.4
Utah.....	1,066	5,752	3,884	104,576	98.10	18.18	+35.3	+18.3	+15.3	+13.3
Wash.....	2,648	15,092	9,838	423,175	159.81	28.04	+47.9	+62.7	+11.6	+17.7
W. Va.....	10,364	56,605	36,577	1,520,626	146.72	26.86	+1.7	+1.8	-6.8	-6.7

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ No program in operation in December 1963. 4/ Average payment not computed on base of fewer than 50 families; percentage change on fewer than 100 recipients.

Table 9. Aid to families with dependent children: Recipients and money payments to recipients under community work and training programs, by State, December 1964 1/

State	Number of families with an adult on work and training programs	Number of recipients				Money payments to recipients			
		Total 2/	Adults		Children	Total	For work performed on work and training programs	Average per family	
			On work and training programs	Other				Total	For work performed on work and training programs
Total.....	21,730	124,006	21,734	19,811	82,461	$3,746,254	$2,620,680	$172.40	$120.60
Calif.....	5,708	33,151	5,708	4,993	22,450	1,307,439	469,446	229.05	82.24
Ill.....	2,510	15,896	2,512	2,221	11,163	571,659	434,490	227.75	173.10
Kans.....	101	584	101	96	387	26,231	12,571	259.71	124.47
Md.....	146	943	146	143	654	27,747	19,322	190.05	132.34
Mich.....	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)	(3/)
Ohio.....	1,398	8,003	1,400	1,226	5,377	225,076	200,189	161.00	143.20
Oreg.....	326	1,970	326	291	1,353	68,881	19,887	211.29	61.00
Pa. 4/.....	526	3,042	526	526	1,990	94,255	65,128	179.19	123.82
Wash.....	651	3,812	651	651	2,510	101,900	76,581	156.53	117.64
W. Va.....	10,364	56,605	10,364	9,664	36,577	1,323,066	1,323,066	127.66	127.66

1/ Represents data for community work and training programs under plans for such programs submitted under Section 409 of Social Security Act. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Data not reported. 4/ Plan material submitted but not yet approved.

Table 10. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, December 1964 1/

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total.....	5,560	2/ 4,385	2/ 250	2,334	$400,875	$72.10	2/ $286,205	2/ $37,910
Ala.....	9	9	0	4	349	(3/)	349	0
Alaska 4/.....	61	61	0	21	5,967	97.82	5,967	0
Ariz.....	179	179	0	65	8,094	45.22	8,094	0
Calif.....	1,131	997	134	534	107,727	95.25	81,212	26,515
Ill.....	925	(2/)	(2/)	370	76,760	82.98	(2/)	(2/)
Ind.....	120	120	0	39	4,866	40.55	4,866	0
Kans.....	81	74	7	35	7,282	89.90	6,829	453
Ky.....	14	14	0	6	980	(3/)	980	0
La.....	507	481	26	212	34,489	68.03	32,094	2,395
Md.....	463	427	36	166	33,462	72.27	30,769	2,693
Mich.....	58	49	9	19	4,116	70.97	3,246	870
Minn.....	149	133	16	73	14,078	94.48	10,614	3,464
Mo.....	70	70	0	21	2,240	32.00	2,240	0
N. Mex.....	50	50	0	15	2,823	56.46	2,823	0
N. C.....	14	14	0	3	623	(3/)	623	0
Okla.....	282	282	0	117	12,668	44.92	12,668	0
Oreg.....	92	92	0	41	6,177	67.14	6,177	0
Tenn.....	259	242	17	83	17,082	65.95	15,869	1,213
Utah.....	321	321	0	162	15,805	49.24	15,805	0
Va.....	45	45	0	17	2,062	(3/)	2,062	0
Wash.....	566	566	0	255	31,436	55.54	31,436	0
W. Va.....	28	23	5	19	1,752	(3/)	1,445	307
Wis.....	136	136	0	57	10,037	73.80	10,037	0

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision. 2/ Excludes Illinois; breakdown not available. 3/ Average payment not computed on base of fewer than 50 children. 4/ Data for November; December data not available.

Table 11. General assistance: Recipients and payments to recipients, by State, December 1964 1/

(Excludes vendor payments for medical care and cases receiving only such payments)

State	Number of --		Payments to recipients			Percentage change from--			
				Average per--		November 1964 in--		December 1963 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	346,000	778,000	$23,718,000	$68.60	$30.48	+10.9	+11.3	-10.8	-1.0
Ala.	77	77	970	12.60	12.60	(3/)	(3/)	(3/)	(3/)
Alaska	165	545	11,778	71.38	21.61	-9.2	+12.3	-35.7	-32.3
Ariz.	2,143	5,375	115,553	53.92	21.50	+9.0	+5.3	+7.1	-.2
Ark.	374	1,478	5,887	15.74	3.98	+37.0	+25.5	-13.7	-14.8
Calif.	27,062	46,025	1,570,057	58.02	34.11	+9.2	+4.3	-53.6	-30.0
Colo.	1,664	6,640	74,012	43.28	10.85	+25.5	-2.3	+21.3	+.5
Conn.	4/ 4,284	4/ 10,546	4/ 291,343	68.01	27.63	+10.5	+10.2	-4.0	-2.3
Del.	1,581	2,824	80,539	50.94	28.52	+37.2	+4.8	+4.4	+.6
D. C.	708	758	54,281	76.67	71.61	+1.5	+4.9	+25.1	+31.0
Fla. 5/	8,000	(6/)	248,000	---	---	---	---	---	---
Ga.	2,603	6,810	83,008	31.89	12.19	+22.9	+18.4	+3.4	+1.4
Guam 7/	16	37	850	(3/)	(3/)	---	---	---	---
Hawaii	1,087	1,323	76,100	70.01	57.52	-1.2	+1.5	-2.6	+6.0
Ill.	28,604	62,388	2,451,269	85.70	39.29	+13.4	+19.4	-2.5	+8.2
Iowa 5/	4,300	10,600	172,000	---	---	---	---	---	---
Kans.	3,103	7,984	212,205	68.39	26.58	+19.8	+14.0	-6.2	+3.6
Ky.	1,256	3,694	44,568	35.48	12.06	-8.9	-12.3	-20.1	-20.9
La.	8,230	9,039	427,673	51.97	47.31	+.1	-.3	+3.2	+3.7
Maine	3,063	10,337	154,110	50.31	14.91	+22.6	+34.7	-1.8	+6.3
Md.	7,124	7,769	525,903	73.82	67.69	+1.1	+5.9	+24.7	+33.0
Mass.	7,990	17,204	638,659	79.93	37.12	+12.9	+22.3	-3.6	+6.3
Mich.	22,073	67,296	1,931,547	87.51	28.70	+2.0	+15.8	-31.1	-33.6
Minn.	10,690	29,468	882,595	82.56	29.95	+14.4	+15.0	-7.5	-2.9
Miss.	1,343	1,842	19,926	14.84	10.82	+7.1	+1.0	+21.3	+25.9
Mo.	10,011	13,271	661,073	66.03	49.81	+4.5	+1.9	+6.0	+6.9
Mont.	1,367	4,234	75,855	55.49	17.92	+29.5	+29.7	-25.6	-1.6
Nev.	404	830	21,819	54.01	26.29	+9.5	+2.5	+29.8	+14.5
N. H.	1,034	3,465	68,086	65.85	19.65	+13.3	+25.2	-4.9	-4.7
N. J. 8/	10,464	34,654	1,284,889	122.79	37.08	+13.7	+15.0	-5.7	+.5
N. Mex.	358	880	14,708	41.08	16.71	+15.8	-28.7	-22.8	-38.3
N. Y. 9/	48,031	104,478	4,267,167	88.84	40.84	+4.0	+6.9	+18.9	+31.0
N. C.	1,887	5,499	45,048	23.87	8.19	+16.7	+1.3	-15.4	-13.9
N. Dak.	566	2,510	38,457	67.95	15.32	+71.9	+88.7	+2.5	+4.8
Ohio	32,340	111,346	2,238,717	69.22	20.11	+23.1	+16.3	-3.4	-5.8
Okla.	8,179	(6/)	98,170	12.00	---	---	-8.7	---	-2.4
Oreg.	5,098	(6/)	297,135	58.28	---	---	+29.0	---	-24.7
Pa.	36,653	44,447	2,370,179	64.67	53.33	+3.0	+3.0	-4.1	+4.0
P. R.	1,341	1,341	11,566	8.62	8.62	+20.5	+29.0	+12.7	+26.9
R. I.	3,491	7,973	243,834	69.85	30.58	+13.2	+29.0	+24.7	+55.2
S. C.	1,245	1,452	39,500	31.73	27.20	-1.1	+.7	-14.2	-13.2
S. Dak.	423	1,403	13,501	31.92	9.62	+9.2	+9.0	+33.0	+23.7
Tenn.	1,921	3,655	45,426	23.65	12.43	+5.0	+11.4	-45.8	+10.2
Tex. 10/	9,200	(6/)	263,000	---	---	---	---	---	---
Utah	1,939	5,777	170,881	88.13	29.58	+39.5	+53.1	+41.9	+59.2
Vt. 10/ 11/	1,100	(6/)	28,000	---	---	---	---	---	---
V. I.	174	180	6,461	37.13	35.89	-1.6	-.8	+13.9	+25.3
Va.	2,196	4,820	105,277	47.94	21.84	-12.9	-8.2	-8.5	-.6
Wash.	10,326	20,074	747,195	72.36	37.22	+31.1	+27.5	+10.6	+19.3
W. Va.	1,578	2,527	58,331	36.97	23.08	+.6	+3.4	+22.6	+23.9
Wis.	7,345	22,336	675,759	92.00	30.25	+5.6	+5.6	-16.8	-12.0
Wyo.	530	2,146	42,748	80.66	19.92	+69.4	+70.4	+13.5	+10.0

1/ All data subject to revision. 2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho, Indiana, and Nebraska; data not available. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ About 9 percent of this total is estimated. 5/ Partly estimated. 6/ Data not available. 7/ Data for September; later data not available. 8/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial, and total payments for such services. 9/ Includes an unknown number of cases and persons receiving only medical care. 10/ Estimated on basis of reports from sample of local jurisdictions. 11/ Data for November; December data not available.

Table 12. Amount of vendor payments for medical care for recipients of public assistance, by program and State, December 1964 1/

State	Old-age assistance	Medical assistance for the aged	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 1/
Total.....	$35,473,730	$44,140,554	$1,002,804	$10,849,343	$12,266,450	$10,600,000
Ala.....	1,095,403	60,500	5,104	68,115	1,347	---
Alaska 2/.....	15,563	---	---	9,371	5,304	3/ 58,445
Ariz.....	66,302	---	---	---	---	---
Ark.....	704,592	156,753	21,647	208,758	41,111	29,026
Calif.....	3,655,367	10,086,926	207,050	1,012,746	1,323,648	115,712
Colo.....	546,251	4/ 831,905	3,174	81,641	102,871	88,339
Conn.....	127,267	1,272,033	11,781	265,798	356,254	(5/)
Del.....	15,661	---	2,142	---	---	---
D. C.....	50,810	258,040	507	35,905	1,492	---
Fla. 2/.....	1,119,712	117,010	20,473	222,630	43,058	---
Ga.....	922,599	---	15,664	165,021	---	---
Guam 6/.....	417	368	---	---	---	---
Hawaii 2/.....	14,343	185,290	4,756	105,976	56,323	19,651
Idaho.....	51,739	300,577	170	23,584	---	---
Ill. 2/.....	2,640,008	527,560	74,610	816,620	1,582,607	7/ 937,492
Ind.....	911,698	---	47,099	81,643	246,589	---
Iowa.....	1,042,267	535,170	12,379	---	189,280	7/ 8/ 286,000
Kans. 2/.....	506,731	4/ 397,339	11,248	120,031	223,226	128,313
Ky. 2/.....	537,068	241,513	16,593	108,096	226,233	---
La.....	2,272,590	87,954	6,702	110,467	25,309	4,269
Maine 2/.....	327,450	99,364	3,307	44,129	26,065	84,166
Md. 2/.....	106,124	434,067	3,780	83,257	---	1,824
Mass.....	1,333,772	4/ 4,793,562	24,172	1,165,612	683,020	302,642
Mich.....	709,932	2,117,042	21,809	218,218	217,174	500,451
Minn.....	1,066,711	4/ 2,491,978	44,329	47,928	464,306	307,296
Miss.....	142,923	---	3,500	---	---	---
Mo.....	976,625	---	---	59,142	49,108	18,877
Mont.....	649	---	532	10	314	7/ 384,493
Nebr.....	657,027	49,330	34,491	133,499	44,006	---
Nev.....	57,491	---	3,498	(9/)	10,310	7/ 250,074
N. H.....	98,878	79,153	5,444	21,439	31,811	(5/)
N. J.....	265,819	4/ 1,389,553	11,761	269,429	298,314	285,657
N. Mex. 2/.....	225,140	---	7,420	83,840	135,657	11,902
N. Y. 2/.....	1,072,501	4/10,710,474	83,104	2,027,003	2,241,930	199,420
N. C.....	379,973	(10/)	13,821	341,330	233,704	7/ 111,573
N. Dak.2/.....	144,566	4/ 264,237	590	83,823	55,154	7/ 18,078
Ohio.....	1,683,273	---	60,303	356,521	758,198	7/ 1,808,883
Okla. 2/.....	1,601,333	143,512	31,544	266,989	36,205	(5/)
Oreg.....	136,918	616,065	4,914	194,476	93,679	61,853
Pa.....	621,190	2,597,870	72,980	419,005	959,774	1,522,627
P. R. 2/.....	25,357	81,651	---	---	---	---
R. I. 2/.....	102,206	---	1,803	54,421	152,324	7/ 88,740
S. C.....	311,621	177,370	14,357	75,182	23,068	11,987
S. Dak.....	107,430	29,200	---	---	---	7/ 101,479
Tenn.....	508,746	240,609	2,790	32,620	41,803	---
Tex.....	2,819,216	---	---	---	---	(5/)
Utah.....	55,478	237,153	2,422	149,705	82,554	292
Vt. 2/.....	211,604	34,257	1,436	21,746	---	(5/)
V. I.....	1,344	(10/)	4	81	161	166
Va.....	243,874	182,309	13,323	85,000	48,400	7/ 15,778
Wash.....	691,415	1,435,434	22,205	594,819	334,397	163,119
W. Va.....	154,759	299,472	4,770	64,262	405,591	14,421
Wis.....	2,296,413	567,634	46,721	512,130	406,158	253,464
Wyo.....	39,584	10,320	575	7,325	8,613	37,546

1/ Data incomplete. Some States do not report these data and for some the data represent only partial reporting. The total includes an estimated amount for these States. 2/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified type of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ Data for November; December data not available. 4/ Includes money payments not subject to Federal participation as follows: $50 in Colorado, $11,067 in Kansas, $98,451 in Massachusetts, $35,343 in Minnesota, $8,568 in New Jersey, $53,550 in New York, and $2,630 in North Dakota. 5/ Data not available. 6/ Data for June; later data not available. 7/ Includes payments made in behalf of recipients of the special types of public assistance. 8/ Partly estimated. 9/ No program for aid to the permanently and totally disabled. 10/ Program in operation but no payments made in December 1964.

Table 13. Average payment per recipient for all assistance, for money payments, and for vendor payments for medical care, by program and State, December 1964 1/

State	Old-age assistance			Medical assistance for the aged	Aid to the blind			Aid to the permanently and totally disabled			Aid to families with dependent children (per recipient)		
	All assistance	Money payments to recipients	Vendor payments for medical care		All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care	All assistance	Money payments to recipients	Vendor payments for medical care
Total.....	$78.90	$62.46	$16.43	$194.69	$85.80	$75.40	$10.40	$80.61	$60.04	$20.57	$33.85	$30.99	$2.86
Ala.....	67.57	57.72	9.85	308.67	68.42	65.62	2.80	46.25	41.67	4.58	11.68	11.66	.02
Alaska 2/.....	81.34	69.98	11.35	(3/)	81.05	81.05	---	112.00	65.61	46.39	34.70	33.54	1.16
Ariz.....	63.34	58.35	4.99	(3/)	71.72	71.72	---	67.50	67.50	---	28.41	28.41	---
Ark.....	63.44	51.48	11.96	56.86	71.61	60.49	11.12	61.25	39.09	22.16	16.70	15.28	1.41
Calif.....	110.49	97.11	13.37	306.16	135.02	118.51	16.51	113.04	94.94	18.09	44.61	42.06	2.54
Colo.....	92.50	80.21	12.29	190.85	80.50	67.85	12.65	47.29	39.34	7.95	36.20	33.72	2.49
Conn.....	80.97	63.16	17.81	200.41	102.33	64.69	37.64	76.82	42.55	34.27	46.33	40.34	5.99
Del.....	64.13	52.91	11.22	(3/)	86.93	79.71	7.21	74.78	74.78	---	27.71	27.71	---
D. C.....	85.15	64.05	21.10	308.66	75.25	72.70	2.55	82.59	71.51	11.08	32.80	32.72	.07
Fla. 2/.....	64.99	49.72	15.27	329.61	67.69	59.74	7.95	69.44	56.48	12.95	15.95	15.54	.41
Ga.....	57.33	47.32	10.01	(3/)	60.73	55.84	4.89	60.51	54.38	6.14	22.09	22.09	---
Guam 4/.....	31.83	29.01	2.82	(5/)	(5/)	(5/)	---	25.18	25.18	---	12.98	12.98	---
Hawaii 2/.....	72.32	60.03	12.29	263.95	130.80	68.22	62.58	132.03	46.56	85.46	35.01	30.92	4.09
Idaho.....	72.83	61.21	11.62	138.26	75.10	73.84	1.27	57.09	49.21	7.88	38.74	38.74	---
Ill. 2/.....	93.50	46.96	46.53	382.57	94.21	64.03	30.18	96.64	68.20	28.44	45.09	38.96	6.13
Ind.....	84.71	44.94	39.77	(3/)	89.00	62.30	26.70	107.26	48.18	59.08	29.13	24.05	5.09
Iowa.....	93.69	56.09	37.60	73.59	101.39	90.77	10.62	82.00	82.00	---	38.74	34.36	4.38
Kans. 2/.....	93.28	70.24	23.04	147.22	99.01	77.17	21.84	113.02	88.70	24.32	38.58	32.46	6.12
Ky. 2/.....	59.55	50.30	9.25	25.08	69.78	63.07	6.70	72.89	62.64	10.25	25.62	22.74	2.89
La.....	84.91	67.53	17.38	171.45	81.16	78.76	2.40	58.55	52.86	5.70	23.12	22.88	.24
Maine 2/.....	82.57	53.08	29.49	255.43	83.09	72.59	10.50	88.84	69.34	19.50	28.79	27.42	1.37
Md. 2/.....	72.98	62.25	10.73	41.34	81.02	71.20	9.82	78.79	67.92	10.87	32.81	32.81	---
Mass.....	95.72	70.77	24.95	170.91	136.44	125.89	10.56	159.83	66.89	92.94	50.27	43.00	7.28
Mich.....	92.81	78.41	14.39	363.75	91.93	78.99	12.94	108.23	85.36	22.88	35.83	34.47	1.36
Minn.....	85.67	52.93	32.74	202.22	109.79	67.41	42.38	61.39	48.47	12.92	51.57	42.33	9.24
Miss.....	39.14	37.18	1.95	(3/)	44.79	43.50	1.30	43.41	43.41	---	9.91	9.91	---
Mo.....	68.21	58.69	9.52	(3/)	75.00	75.00	---	71.46	67.52	3.94	24.30	23.84	.46
Mont.....	71.95	71.83	.12	(3/)	86.96	84.80	2.15	78.98	78.97	.01	36.12	36.07	.04
Nebr.....	93.09	40.58	52.51	347.39	109.26	54.77	54.49	97.96	46.63	51.33	30.52	27.74	2.77
Nev.....	88.36	66.39	21.98	(3/)	116.29	94.57	21.73	(3/)	(3/)	(3/)	31.32	29.26	2.06
N. H.....	102.28	79.97	22.31	58.03	107.11	86.80	20.31	114.75	78.48	36.28	44.19	36.99	7.20
N. J.....	81.64	62.47	19.16	259.49	87.84	75.41	12.43	100.25	69.23	31.02	49.45	46.56	2.89
N. Mex. 2/.....	79.45	58.18	21.27	(3/)	95.63	73.87	21.76	91.44	69.43	22.01	34.43	29.93	4.50
N. Y. 2/.....	93.38	74.40	18.98	312.45	111.59	85.22	26.37	127.15	69.70	57.45	47.50	43.13	4.37
N. C.....	60.94	52.12	8.81	(6/)	66.38	63.62	2.77	74.06	58.76	15.30	24.50	22.41	2.09
N. Dak. 2/.....	91.11	63.57	27.55	214.13	82.67	75.10	7.56	116.22	63.66	52.55	44.45	37.21	7.24
Ohio.....	87.30	66.76	20.54	(3/)	87.22	68.94	18.28	81.57	63.13	18.44	32.78	28.48	4.30
Okla. 2/.....	96.26	77.00	19.26	141.39	122.34	103.25	19.09	111.95	92.80	19.14	32.92	32.42	.50
Oregon.....	71.38	58.35	13.03	151.29	90.14	79.05	11.09	70.11	45.98	24.13	38.97	35.91	3.06
Pa.....	77.39	63.98	13.42	252.37	75.89	71.78	4.11	78.06	57.47	20.59	31.65	28.49	3.16
P. R. 2/.....	9.31	8.49	.82	30.87	8.72	8.72	---	8.72	8.72	---	4.12	4.12	---
R. I. 2/.....	94.55	77.43	17.12	(3/)	94.59	77.09	17.50	94.44	75.21	19.23	42.45	36.06	6.39
S. C.....	52.35	40.23	12.12	194.91	62.53	54.69	7.84	53.67	45.22	8.45	15.90	15.12	.78
S. Dak.....	84.96	69.96	15.00	59.47	73.41	73.41	---	69.42	69.42	---	31.31	31.31	---
Tenn.....	56.37	45.09	11.29	34.58	55.16	53.86	1.30	54.69	52.19	2.50	22.54	21.99	.55
Tex.....	69.88	57.64	12.24	(3/)	69.60	69.60	---	57.20	57.20	---	18.56	18.56	---
Utah.....	68.64	57.23	11.41	114.84	71.62	57.20	14.42	70.56	40.67	29.89	33.08	29.32	3.76
Vt. 2/.....	86.43	47.54	38.89	292.79	71.56	59.39	12.17	78.22	59.90	18.32	29.42	29.42	---
V. I.....	41.13	38.13	3.00	(6/)	(5/)	(5/)	(5/)	40.52	39.52	1.00	18.21	18.08	.13
Va.....	63.67	45.41	18.26	87.44	70.58	58.89	11.69	67.78	55.44	12.34	24.50	23.45	1.05
Wash.....	83.19	62.12	21.07	144.54	101.60	68.00	33.59	64.52	31.74	32.78	36.60	31.78	4.82
W. Va.....	49.78	38.90	10.88	26.99	47.76	41.79	5.97	50.99	40.09	10.90	26.55	23.04	3.51
Wis.....	110.67	31.29	79.37	167.54	109.07	50.52	58.55	121.59	37.84	83.75	50.01	40.89	9.12
Wyo.....	85.46	69.30	16.16	(5/)	80.68	71.10	9.58	80.49	69.03	11.46	38.76	36.27	2.49

1/ Averages based on cases receiving money payments, vendor payments for medical care, or both. Money payments may also include small amounts for assistance in kind and vendor payments for other than medical care. Averages for general assistance not computed because of difference among States in policy or practice regarding use of general assistance funds to pay medical bills for recipients of the special types of public assistance. 2/ Except for aid to families with dependent children, data for each program represent average payments for recipients of the specified type of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 3/ No program in operation. 4/ Data for September; later data not available. 5/ Average payment not computed on base of fewer than 50 recipients. 6/ Program in operation but no payments made in December 1964.

Old-age, survivors, and disability insurance benefits, summary data, December 1964

CURRENT MONTH DATA

Type of benefit	Benefits awarded in December 1964		Benefits in current-payment status, end of December 1964			Amount of benefits paid 1/ in December 1964 (in thousands)
	Number	Average amount	Number	Monthly rate (in thousands)	Average amount	
Total, OASI and DI	270,787	---	---	---	---	$1,378,742
Total, OASI	242,542	---	---	---	---	1,263,887
Monthly benefits, OASI and DI	179,593	---	19,799,539	$1,325,445	---	1,360,139
Monthly benefits, OASI	151,348	---	18,236,173	1,224,240	---	1,245,284
Monthly benefits, DI	28,245	---	1,563,366	101,205	---	114,855
Old-age (retired-worker)	68,140	$79.42	10,668,731	827,548	$77.57	835,021
Disability (disabled-worker)	15,015	91.86	894,173	81,473	91.12	91,911
Wife's or husband's (OASI and DI)	24,271	38.31	2,783,308	110,549	39.72	113,533
Wife's or husband's (OASI)	20,757	39.14	2,603,964	104,769	40.23	106,720
Wife's or husband's (DI)	3,514	33.43	179,344	5,781	32.23	6,813
Widow's or widower's	22,966	73.67	2,158,912	146,476	67.85	151,522
Parent's	219	79.92	36,365	2,547	70.05	2,740
Child's (OASI and DI)	40,299	---	2,787,453	128,898	---	135,979
Child's (OASI--total)	30,583	---	2,297,604	114,947	---	119,848
Child's (OASI--life) 2/	6,642	28.31	424,536	11,965	28.18	12,512
Child's (OASI--survivor) 2/	23,941	53.40	1,873,068	102,982	54.98	107,336
Child's (DI)	9,716	28.29	489,849	13,951	28.48	16,131
Mother's	8,683	61.25	470,597	27,954	59.40	29,433
Lump-sum death payments	91,194	3/214.49	---	---	---	18,602

COMPARATIVE DATA

Item	December 1964	November 1964	December 1963
Number of benefits in current-payment status, end of month:			
Total, OASI and DI	19,799,539	19,790,754	19,035,489
Total, OASI	18,236,173	18,221,356	17,583,017
Total, DI	1,563,366	1,569,398	1,452,472
Amounts of benefits paid (in thousands):			
Total, OASI and DI	$1,378,742	$1,360,396	$1,304,948
Total, OASI	1,263,887	1,248,401	1,201,729
Total, DI	114,855	111,994	103,219
Number of old-age (retired-worker) benefits:			
Awarded	68,140	67,690	65,743
In current-payment status, end of month	10,668,731	10,659,131	10,263,331
Average old-age (retired-worker) benefit:			
Awarded	$79.42	$81.26	$78.67
In current-payment status, end of month	77.57	77.53	76.88
Number of disability insurance (disabled-worker) benefits:			
Awarded	15,015	17,582	16,529
In current-payment status, end of month	894,173	893,458	827,014
Average disability insurance (disabled-worker) benefit:			
Awarded	$91.86	$94.96	$94.53
In current-payment status, end of month	91.12	91.15	90.59
Number of persons aged 62 and over receiving monthly benefits, end of month (OASI and DI) 4/	15,509,000	15,489,000	14,907,000
Number of persons aged 65 and over receiving monthly benefits, end of month (OASI and DI) 4/	13,651,000	13,624,000	13,159,000
Assets of trust funds, end of month (in millions):			
OASI	$19,125	$19,389	$18,480
DI	2,047	2,157	2,235

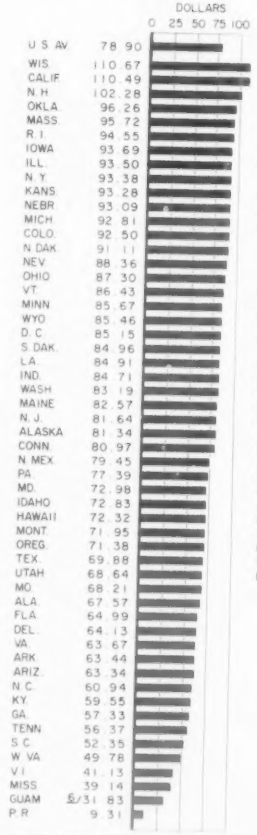
1/ Exceeds monthly amount of benefits in current-payment status because initial payments include amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Distribution by type of claim for OASI child's benefits estimated.
3/ Average lump-sum per worker; 86,727 deceased workers represented in the current month's lump-sum awards.
4/ Numbers estimated to the nearest thousand.

Source: Division of the Actuary, Social Security Administration.

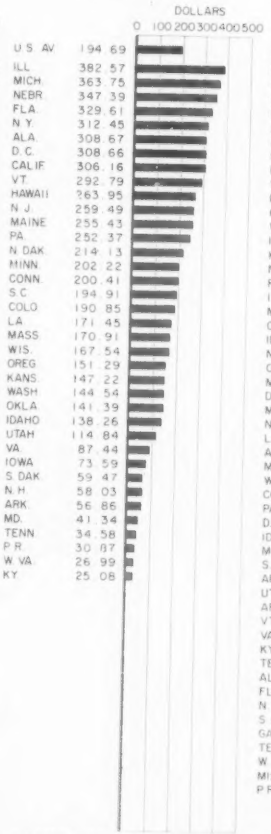
AVERAGE MONTHLY PUBLIC ASSISTANCE PAYMENT PER RECIPIENT, DECEMBER 1964

(EXCEPT FOR GENERAL ASSISTANCE, INCLUDES VENDOR PAYMENTS FOR MEDICAL CARE.)

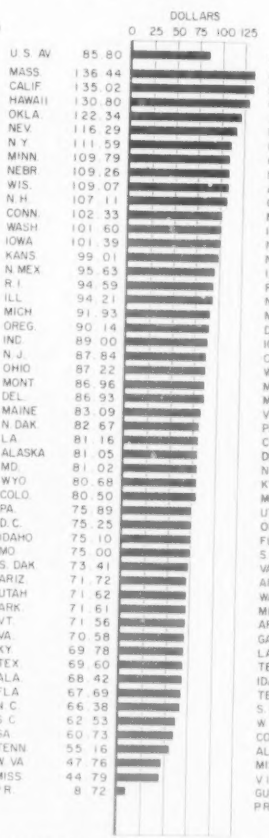
OLD-AGE ASSISTANCE



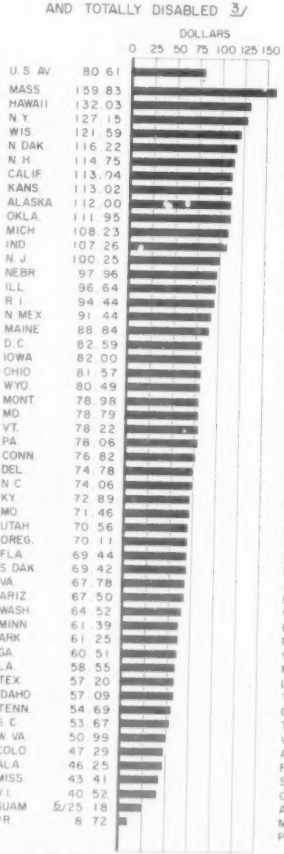
MEDICAL ASSISTANCE FOR THE AGED 1/



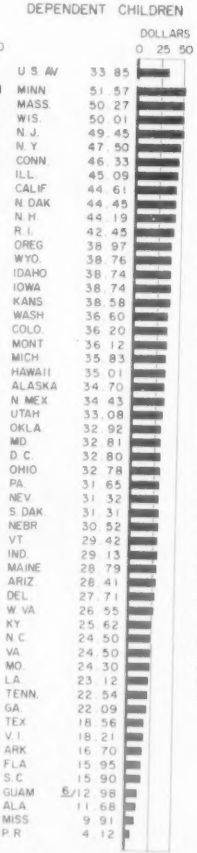
AID TO THE BLIND 2/



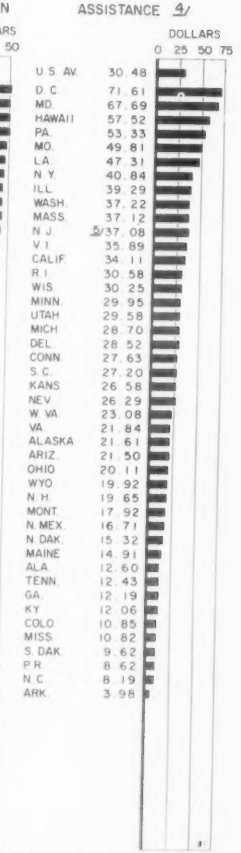
AID TO THE PERMANENTLY AND TOTALLY DISABLED 3/



AID TO FAMILIES WITH DEPENDENT CHILDREN



GENERAL ASSISTANCE 4/



1/ NOT COMPUTED FOR GUAM AND WYOMING, FEWER THAN 50 RECIPIENTS. PROGRAM IN OPERATION IN NORTH CAROLINA AND THE VIRGIN ISLANDS, BUT NO PAYMENTS WERE MADE. 2/ NOT COMPUTED FOR GUAM AND THE VIRGIN ISLANDS, FEWER THAN 50 RECIPIENTS. 3/ NO PROGRAM FOR NEVADA. 4/ NOT COMPUTED FOR GUAM, FEWER THAN 50 RECIPIENTS, AND FLORIDA, IDAHO, INDIANA, IOWA, NEBRASKA, OKLAHOMA, OREGON, TEXAS, AND VERMONT, DATA NOT AVAILABLE. 5/ BASED ON DATA INCLUDING AN UNKNOWN NUMBER OF CASES RECEIVING MEDICAL CARE, HOSPITALIZATION, AND BURIAL ONLY, AND TOTAL PAYMENTS FOR THESE SERVICES. 6/ SEPTEMBER DATA, LATER DATA NOT AVAILABLE.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Welfare Administration
WASHINGTON, D. C. 20201

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